

Case Number:	CM15-0207345		
Date Assigned:	10/26/2015	Date of Injury:	03/09/2015
Decision Date:	12/07/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/21/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 50 year old female who sustained an industrial injury on 03-09-2015. According to a progress report dated 08-12-2015, the injured worker reported bilateral wrist pain, neck pain and low back pain. She had difficulty with pinching, grasping, grabbing, pulling, carrying objects, driving and performing small housekeeping duties around the house. Physical examination of the bilateral wrist showed positive Phalen and reverse Phalen. Grip strength was diminished bilaterally. The bilateral wrists showed decreased two-point discrimination to 6 mm. There was pain to the distal radii. Diagnoses included pain in limb, lumbar disc displacement without myelopathy, lumbosacral radiculopathy and tendonitis not otherwise specified. The treatment plan included authorization request for a carpal tunnel release to the right wrist. According to a progress report dated 10-08-2015, the injured worker was 2 weeks status post right carpal tunnel release. She reported an increase in functional capacity and decreased pain. She reported mild itching at the incision site of the right wrist. She inquired about right shoulder surgery. The right wrist showed a well-healing incision over the palmar aspect without evidence of infection or dehiscence. Grip strength was diminished bilaterally but more so on the right. There was pain with flexion and extension of the right wrist. The treatment plan included authorization request for right shoulder arthroscopy with subacromial decompression and labral repair. On 10-14-2015, Utilization Review non-certified the request for purchase of pro-sling for the wrist.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Purchase of pro-sling for the wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Procedure.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hand chapter and pg 30.

Decision rationale: According to the guidelines, wrist splinting is considered 1st line for carpal tunnel management. Prolonged splinting is option due to risk of stiffness. Splints may be used in extensor tendon repair or wrist fractures. In this case, it may be beneficial for post-op management for carpal tunnel release but length of use was not specified. Long-term use is not necessary and therefore the purchase of a pro-sling is not medically necessary.