

<b>Case Number:</b>	CM15-0029860		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55 year old female, who sustained an industrial injury on 5/13/2013. The diagnoses have included cervical spine strain/sprain with radiculopathy. Treatment to date has included medications, activity modification and diagnostic imaging. Currently, the IW complains of right elbow and hand pain. Objective findings in handwritten note included tenderness to the right wrist and positive Tinel's. On 1/22/2015, Utilization Review non-certified a request for a retrospective purchase of bilateral wrist splints noting that the clinical findings do not support the medical necessity of the treatment. The ACOEM Guidelines were cited. On 2/18/2015, the injured worker submitted an application for IMR for review of retrospective purchase of bilateral wrist splints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for bilateral wrists splints (purchase):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**Decision rationale:** Based on the 02/09/15 progress report provided by treating physician, the patient presents with right wrist numbness and tingling into the hand. The request is for RETROSPECTIVE REQUEST FOR BILATERAL WRIST SPLINTS (PURCHASE). Patient's diagnosis on 02/09/15 includes brachial neuritis, radiculitis; wrist sprain; and carpal tunnel syndrome. Physical examination to the bilateral wrists on 02/09/15 revealed positive Tinel's and Phalen's tests. Patient is temporarily totally disabled and not working, per treater report dated 02/09/15. The requesting report was not provided. ACOEM Guidelines page 265 states: When treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be at night and may be used during the day, depending upon activity. UR letter dated 01/22/15 states "...according to doctor's RFA dated 12/30/14, the claimant was being considered for right elbow ulnar nerve surgery and right carpal tunnel release. The rationale for the purchase of bilateral wrist splints is not documented." In this case, given the patient's persistent complaints of pain, physical exam findings and diagnosis of carpal tunnel syndrome, the request for bilateral wrist splints appears reasonable and in accordance with guidelines. Therefore, the request IS medical necessary.