

Case Number:	CM15-0212857		
Date Assigned:	11/02/2015	Date of Injury:	06/11/2003
Decision Date:	12/14/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/29/2015

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: Emergency Medicine

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 51 year old female, who sustained an industrial injury on 6-11-03. The documentation on 10-1-15 noted that the injured worker has complaints of right elbow pain and left wrist pain. There is tenderness at the right lateral epicondyle and Tinel's testing was positive at the right cubital tunnel. There is tenderness noted at the radial palmar aspect of the left wrist. Left wrist magnetic resonance imaging (MRI) on 12-10-14 revealed she had a volar lateral ganglion cyst measuring 5.0 X 3.5 millimeter in greatest transvers dimensions and mild new osteoarthritis noted in the articulation between the pisiform and the triquetrum. The diagnoses have included pain in left wrist. Treatment to date has included prilosec; splint for her left wrist; naprosyn; motrin; voltaren gel; transcutaneous electrical nerve stimulation unit; chiropractic treatment for her neck times six sessions. The documentation noted the injured worker would like to wait on her right elbow surgery until she absolutely needs it. The original utilization review (10-22-15) non-certified the request for one (1) carpal tunnel splint.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) carpal tunnel splint: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand (Acute & Chronic); Splints.

Decision rationale: The requested One (1) carpal tunnel splint is medically necessary. ACOEM, 2nd Edition, 2004, Chapter 11, Forearm, Wrist and Hand Complaints, page 265 and Official Disability Guidelines; Forearm, Wrist and Hand (Acute & Chronic); Splints recommend splints when treating with a splint in CTS, scientific evidence supports the efficacy of neural wrist splints. Splinting should be used at night, and may be used during the day, depending upon activity, and may also be used for wrist bony and musculo-ligamentous injuries. The injured worker has complaints of right elbow pain and left wrist pain. There is tenderness at the right lateral epicondyle and Tinel's testing was positive at the right cubital tunnel. There is tenderness noted at the radial palmar aspect of the left wrist. Left wrist magnetic resonance imaging (MRI) on 12-10-14 revealed she had a volar lateral ganglion cyst measuring 5.0 X 3.5 millimeter in greatest transverse dimensions and mild new osteoarthritis noted in the articulation between the pisiform and the triquetrum. The treating physician has sufficiently documented symptomatic and exam indications of carpal tunnel syndrome to necessitate joint support. The criteria noted above having been met, One (1) carpal tunnel splint is medically necessary.