

Case Number:	CM15-0035952		
Date Assigned:	03/04/2015	Date of Injury:	06/13/2012
Decision Date:	04/15/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/25/2015

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 male, who sustained an industrial injury on 6/13/2012. He reports an injury to the right elbow and wrist while working on a brake for a package car. Diagnoses include right carpal and cubital tunnel syndrome, Treatments to date include right carpal tunnel and right cubital tunnel release, physical therapy and medication management. A progress note from the treating provider dated 10/2/2014 indicates the injured worker reported continued pain in the right upper extremity. On 2/11/2015, Utilization Review non-certified the request for custom post- surgical splint for the right wrist, citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom post-surgical splint for the right wrist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment Index, 13th Edition (web) 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines elbow chapter has the following regarding Splinting (padding).

Decision rationale: The patient presents with persistent pain in the right elbow with paresthesia sensation in the arm. Examination revealed positive Tinel's sign at the cubital tunnel, slightly positive Tinel's sign at the carpal tunnel and positive Phalen's test. The treating physician is requesting a re-release of the right cubital tunnel surgery. The current request is for CUSTOM POST-SURGICAL SPLINT FOR THE RIGHT WRIST. The Request for Authorization is dated 1/21/15. ODG under the elbow chapter has the following regarding Splinting (padding). "Recommended for cubital tunnel syndrome (ulnar nerve entrapment), including a splint or foam elbow pad worn at night (to limit movement and reduce irritation), and/or an elbow pad (to protect against chronic irritation from hard surfaces)."The requested splint in anticipation of the requested surgery is reasonable. In the event the surgery is not authorized, the splint still would be necessary given the patient's continued complaints and ODGs support for night time splinting. This request IS medically necessary.