MAXIMUS Federal Services

Case Number:	CM15-0036991		
Date Assigned:	03/05/2015	Date of Injury:	04/02/2014
Decision Date:	04/20/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/27/2015

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 49 year old female, who sustained an industrial injury on 4/02/2014. She reported right wrist and shoulder pain while pulling multiple heavy trays of nail polish. The injured worker was diagnosed as having ganglion, unspecified and carpal tunnel syndrome. Treatment to date has included conservative measures, including acupuncture, medications, and diagnostics. Magnetic resonance imaging report of the right shoulder, dated 9/13/2014, was submitted. A Qualified Medical Evaluation, dated 12/10/2014, referenced magnetic resonance imaging of the right wrist as being unremarkable. Electromyogram and nerve conduction studies of both upper extremities, dated 7/15/2014, showed results within normal limits. Currently, the injured worker complains of worsening right shoulder pain, with radiation to her upper back, and worsening wrist pain, along with numbness and tingling in her arm and hands. She stated that pain was poorly controlled with medications. Exam of the right wrist noted decreased range of motion with tenderness over the volar aspect. Current medication regime was not documented. The treatment plan included a right cock-up wrist splint for nightly wear.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) right cock-up wrist splint: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264.

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

Decision rationale: The patient presents with right wrist and hand pain radiating to the right shoulder. The request is for ONE (1) RIGHT COCK-UP WRIST SPLINT. Physical examination to the right wrist on 12/18/14 revealed tenderness to palpation over the volar aspect with decreased range of motion. Tinel's, Finkelstein's and Phalen's tests were negative. Patient's treatments have included medications, physical therapy and acupuncture. Per 01/15/15 progress report, patient's diagnosis include sprain & strain unspec site shoulder & upper arm, unspecified ganglion, carpal tunnel syndrome, unspecified mononeuritis of upper limb, brachial neuritis or radiculitis nos. Patient's medications per 09/11/14 progress report includes Tramadol. Patient's work status is modified duties. For wrist bracing/splinting, ACOEM Guidelines, Chapter 11, page 265 states, "When treating with splints and CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting would be used at night and may be used during the day depending upon activity." The treater does not provide a reason for the request. The patient presents with right wrist and hand pain, radiating to her right shoulder. ACOEM supports the use of braces or splints in patients with carpal tunnel syndrome. Per 01/15/15 progress report, patient's diagnosis includes carpal tunnel syndrome. Given the patient's pain symptoms and diagnosis, the request appears to be reasonable and therefore, it IS medically necessary.