

Case Number:	CM15-0039093		
Date Assigned:	03/09/2015	Date of Injury:	11/01/2013
Decision Date:	04/10/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	03/02/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 39-year-old female, who sustained an industrial injury on 11/01/2013. She reported pain in her hands. The injured worker was diagnosed as having extensor tendinitis to bilateral wrists, carpal tunnel syndrome to bilateral wrists, and over use syndrome to bilateral upper extremities. Treatment to date has included x-rays of the neck, Duexis and Norco, and physical therapy. In a progress note dated 09/13/2014, the injured worker presented with complaints of increasing wrist and forearm pain with repetitive use. Utilization review non-certified a request for wrist braces based on negative electrodiagnostic and lack of indication for carpal tunnel release surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wrist brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: The MTUS ACOEM guidelines discuss treatment of Carpal Tunnel Syndrome in detail. According to the guidelines, appropriate electrodiagnostic studies may help differentiate between CTS and other conditions (like cervical radiculopathy, etc.). These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG). NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the electrodiagnostics are negative, tests may be repeated later in the course of treatment if symptoms persist. The patient in this case has negative electrodiagnostic studies, but based on symptoms and clinical exam, CTS is still a likely diagnosis, and as the guidelines describe, electrodiagnostics may be normal in such a case. The MTUS ACOEM guidelines recommend splinting in CTS, as scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day, with the realization that limitations/immobilization of the wrists should not interfere with total body activity in a major way. Splinting is considered a first-line treatment, with note that prolonged splinting is not recommended as it may lead to weakness, stiffness, etc. While it appears that current requests for operative intervention have been non-certified, it is the opinion of this reviewer that the request for postoperative wrist brace for optimal treatment is reasonable based on the clinical findings in the provided records should the patient eventually undergo operative treatment. The request is therefore considered medically appropriate should postoperative management be necessitated by approval of surgical intervention. Should carpal tunnel release be performed, the requested treatment with postoperative bracing should be closely followed and evaluated in the clinic for objective evidence of functional improvement.