

<b>Case Number:</b>	CM15-0040846		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	06/13/2011
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: Orthopedic Surgery

### 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 58 year old female who sustained an industrial injury on 6/13/11. She currently complains of pain in the right thumb with numbness in the right hand. She wears a wrist brace at night. In addition she has lumbar spine pain, intermittent neck pain and right shoulder pain. Medications include acetaminophen-Codeine, zolpidem, omeprazole and ibuprofen. Her activities of daily living are limited by pain. Diagnoses include right carpal tunnel syndrome (minimally symptomatic); osteoarthritis of the metacarpotrapezial joint with involvement of the first dorsal compartment and a degree of the second dorsal compartment; right wrist stenosing tenosynovitis; chronic cervical sprain/ strain, cervical disc bulge at C3; right sided cervical radiculopathy; lumbar spine sprain/ strain; bilateral carpal tunnel syndrome. Treatments to date include steroid injection to the right shoulder (10/1/14) that was beneficial for about one hour; x-rays of the right shoulder (1/15/14). Diagnostics include repeat MRI of the right shoulder (9/5/14); x-rays of the right forearm, wrist and electromyography. In the progress note dated 2/2/15 the treating provider's plan of care includes excisional arthroplasty of the right trapezium with release of the 1st dorsal compartment; inject the 2nd dorsal compartment; undergo carpal tunnel release. In addition, she will need post-operative occupational therapy and non-mobilizing splint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post op splint:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome, Splinting and Forearm, Wrist and Hand, Splints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** CA MTUS/ACOEM Chapter 11 Forearm, Wrist and Hand Complaints: Table 11-7, page 272 supports splinting as first-line treatment for carpal tunnel syndrome, DeQuervain's and strains. The use of a postoperative splint is supported following carpal tunnel release and trapezium excision. Therefore, a postoperative splint would be medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.