

Case Number:	CM15-0053657		
Date Assigned:	03/27/2015	Date of Injury:	11/05/2011
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old female, who sustained an industrial injury on 11/05/2011 reporting a gradual onset of neck, shoulders and upper extremities pain followed by a bump on her right wrist. On provider visit dated 01/29/2015 the injured worker was noted to have undergone a bilateral carpal tunnel release but still has persistent triggering of the left thumb. Pain in her bilateral wrist was noted as improving while the pain in left thumb was increasing. On examination she was noted to have well healed incision over the palmar crease of both wrists. There was triggering and locking noted on left thumb, palpable nodule over the left thumb with discomfort in the flexor tendon sheath. The diagnoses have included status post bilateral carpal tunnel syndrome and left thumb triggering. Treatment to date has included home exercise program, physical therapy, electromyogram studies, medication and surgical intervention. The provider requested wrist sling/purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wrist sling/purchase: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Patel MR, Bassini L. J Trigger fingers and thumb: when to splint, inject, or operate. Hand Surg Am. 1992 Jan;17 (1):110-3.

Decision rationale: The claimant sustained a work-related injury in November 2011 and underwent bilateral carpal tunnel releases. When seen she had findings of stenosing tenosynovitis of the thumb (trigger thumb). Splinting has been shown effective in 50% of patients with triggering of the thumb and 70% when it involves the other digits. Therefore, the requested splint was medically necessary.