

Case Number:	CM14-0112468		
Date Assigned:	08/01/2014	Date of Injury:	02/22/2000
Decision Date:	09/29/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/18/2014

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. The expert reviewer is Board Certified in Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female who reported an injury on 02/22/2000. The mechanism of injury was reported as cumulative trauma. The diagnoses included bilateral carpal tunnel syndrome and right wrist sprain. Prior treatments included psychiatric care and use of a wrist brace. No pertinent surgical history or diagnostic studies were provided. Per the 04/10/2014 progress report, the injured worker reported constant left wrist pain and weakness of both hands. She reported numbness of the 4th and 5th fingers on both hands. Objective findings included a positive Finkelstein's test on the left wrist. Current medications included a compounded topical, Flurbiprofen/Ranitidine, and tramadol. The treatment plan included continued use of a wrist brace. The provider recommended a wrist/thumb immobilizer for the left wrist. The rationale for the request was not provided. A Request for Authorization form for thumb spica splints was submitted 05/21/2014. A Request for Authorization form for a right wrist immobilizer was submitted 01/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral thumb spica splints: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272, table 11-7. Decision based on Non-MTUS Citation ODG, Forearm, Wrist and Hand Chapter, Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266. Decision based on Non-MTUS Citation Forearm, Wrist, and Hand, Injection.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 11 Forearm, Wrist, and Hand Complaints, page 265-266 and on the Non-MTUS Forearm, Wrist, and Hand, Injection. The Expert Reviewer's decision rationale: The request for bilateral thumb spica splints is not medically necessary. The CA MTUS/ACOEM Guidelines state, "DeQuervain's tendinitis, if not severe, may be treated with a wrist-and-thumb splint and acetaminophen, then NSAIDs, if tolerated, for four weeks before a corticosteroid injection is considered. CTS may be treated for a similar period with a splint and medications before injection is considered, except in the case of severe CTS (thenar muscle atrophy and constant paresthesia in the median innervated digits)." The Official Disability Guidelines further state "Compared with non-steroidal anti-inflammatory drugs, splinting, or combination therapy, corticosteroid injections offer the highest cure rate for de Quervain's tenosynovitis." The medical records provided indicate the injured worker had a positive Finkelstein's test on the left, indicative of De Quervain's tenosynovitis. The rationale for the request was not provided. There is a lack of physical exam findings regarding the right wrist/hand to support bilateral splints. Based on this information, the request is not supported.

Right Wrist immobilizer: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation ODG, Forearm, Wrist and Hand Chapter, Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 11 Forearm, Wrist, and Hand Complaints, page 265-266. The Expert Reviewer's decision rationale: The request for Right Wrist immobilizer is not medically necessary. The CA MTUS/ACOEM Guidelines state, "When treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day, depending upon activity." The medical records provided indicate the injured worker had a positive Finkelstein's test on the left wrist. The provider recommended continued use of a wrist brace and a left wrist immobilizer. There is a lack of documentation regarding the injured worker's current wrist brace. The rationale for the request for a right wrist immobilizer was not provided. There is a lack of objective findings regarding the right wrist/hand to support a right wrist immobilizer. Based on this information, the request is not supported.