

Case Number:	CM14-0129471		
Date Assigned:	08/20/2014	Date of Injury:	06/05/2012
Decision Date:	09/30/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/14/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 55 year old female was reportedly injured on June 5, 2012. The mechanism of injury is noted as cumulative trauma. The most recent progress note, dated June 18, 2014, indicates that there are ongoing complaints of numbness and tingling in both hands. The physical examination demonstrated decreased sensation to light touch at the bilateral median nerve distribution, no thenar atrophy noted, positive Phalen's, Tinel's, and Durkins test on the right greater than the left wrist. Diagnostic nerve conduction studies revealed bilateral carpal tunnel syndrome. Previous treatment includes wrist braces, naproxen, and ibuprofen cream. A request was made for a postoperative custom right wrist splint and was not certified in the preauthorization process on July 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative Right Wrist Custom 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Splinting, Updated February 20, 2014.

Decision rationale: A review of the medical records indicates that the right-sided carpal tunnel release has been recommended but there is no documentation that this surgery has been approved or scheduled. Additionally, it is unclear why a splint is needed after this procedure. Considering this, the request for a postoperative right wrist custom splint is not medically necessary.