MAXIMUS Federal Services

Case Number:	CM14-0130198		
Date Assigned:	08/20/2014	Date of Injury:	10/18/2013
Decision Date:	10/16/2014	UR Denial Date:	07/24/2014
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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 48 year old female with a work injury dated 10/18/13. The diagnoses include chronic right hand pain. Under consideration is a request for orthotics QTY 1. There is a primary treating physician report dated 7/16/14 who states that the patient has numbness and tingling in the right hand and forearm. This started in October of 2013. She saw another doctor who did not think it was carpal tunnel and referred her to physical medicine and rehabilitation and QME. Her right hand is diffusely tender, no effusion or edema and a positive Phalen sign. There is a Tinel's at carpal tunnel, negative at cubital tunnel and radial tunnel. There is no tenderness to palpation over medial or lateral epicondyle and there is no pain with resisted wrist flexion or extension. The document states that the provider is suggesting repeat EMG/NCS to rule out carpal tunnel syndrome and referral to physical medicine and rehabilitation physician for management of myofascial pain. Will review EMG after it's complete and if it reveals median neuropathy, would proceed with open CTR but if not, will recommend transfer of care to PM&R physician/chronic pain management. A 7/14/14 document states that the patient has a complaint of right hand pain that has been present for several months. The pain has been more severe over the past 3-4 days to the point that she has difficulty sleeping at night, and so she presented to the emergency department. There has been no recent trauma. In the past, the patient has been told that she likely has carpal tunnel syndrome from a long history of working and typing on a computer. She has been seen by her primary doctor as well as an orthopedic surgeon. She has been started on a medicine gabapentin. Her assessment states that she has acute flare of chronic hand pain, carpal tunnel syndrome. The documentation reveals that there is a request dated July 24, 2014 - regarding the Custom made Orthotics qty x 1. A 4/10/14 physician document indicated that the patient was to continue wearing splints for her wrist pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthotics QTY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC Corpus Christi

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

Decision rationale: While the MTUS ACOEM guidelines do support splinting of the wrist in neutral for carpal tunnel syndrome, the documentation indicates that the patient already has splints for her hands. Additionally the document dated 7/16/14 states that the provider wishes to repeat EMG/NCS to rule out carpal tunnel syndrome and referral to physical medicine and rehabilitation physician for management of myofascial pain if the EMG/NCS is negative for carpal tunnel. The documentation reveals that the patient has wrist splints already and also that there is a possible plan for carpal tunnel surgery. Additionally the request as written is not specific on what body parts the orthotic is for and what type of orthotic. The request for orthotics qty1 is not medically necessary.