

Case Number:	CM14-0133124		
Date Assigned:	08/22/2014	Date of Injury:	08/13/2012
Decision Date:	09/24/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/20/2014

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 Occupational Medicine and is licensed to practice in California. 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 57-year-old female who has submitted a claim for carpal tunnel syndrome, displacement cervical intervertebral disc without myelopathy, and displacement lumbar intervertebral disc without myelopathy associated with an industrial injury date of 08/13/2012. Medical records from 01/04/2013 to 07/21/2014 were reviewed and showed that patient complained of bilateral hand pain graded 6-8/10 with numbness, cervical spine pain graded 6-8/10 radiating down the upper extremities, and low back pain graded 6-7/10. Physical examination of the cervical and lumbar spine revealed decreased ROM, positive cervical compression test on the right and positive SLR test on the right at 60 degrees. Physical examination of bilateral wrists revealed positive Phalen's and Tinel's tests bilaterally and decreased apposition strength. EMG/NCV study of upper extremities dated 01/04/2013 revealed right C5 radiculopathy, left C7 and C8 radiculopathy, and left carpal tunnel syndrome. Treatment to date has included physical therapy, activity restrictions, Flexeril 10mg #60 (prescribed since 07/21/2014), and oral and topical pain medications. Utilization review dated 08/12/2014 denied the request for DME: Bilateral Wrist Splints because there were no medical notes to provide rationale for the request. Utilization review dated 08/12/2014 denied the request for Flexeril (Cyclobenzaprine) 10mg, quantity 60 (one tablet by mouth every 6.8 hrs. as needed for spasms). However, the rationale was not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Wrist Splints: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Clinical Evidence;BMJ, Publishing Group, Ltd; Musculoskeletal Disorders; Conditions: Carpal Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 156.

Decision rationale: According to pages 156 of the ACOEM Practice Guidelines referenced by CA MTUS, splints encourage lack of mobility which likely impairs or delays recovery with potentially increasing risk of complex regional pain syndrome, debility and delayed recovery. There are limited indications for splints in patients with select diagnoses generally involving more extensive surgical procedures or other needs to utilize splints for protective purposes. In this case, patient complained of bilateral wrist pain which prompted request for wrist splints. The guidelines only recommend splints for patients with diagnoses involving more extensive surgical procedures or for protective purposes as it encourages lack of mobility which may impair recovery. The aforementioned circumstances for wrist splints were not present in this case. There is no indication for wrist splints at this time. Therefore, the request for DME Bilateral Wrist Splints is not medically necessary.