

<b>Case Number:</b>	CM14-0133170		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 37 year-old female who reported an injury on 09/12/2012 due to repetitive data entry. The mechanism of injury was not provided for the review. The diagnoses included ulnar nerve irritation at the elbows with no paresthesias in the ulnar nerve distribution, median nerve irritation at the carpal tunnels and distal forearms with no paresthesias in the median nerve distribution, bilateral radial tunnel syndrome, and flexor tenosynovitis. Past treatments included conservative care, medications, acupuncture, cortisone injections, wrist and forearm bracing, and physical therapy. Diagnostic studies included a nerve conduction study on 06/23/2014, and x-rays of the right wrist on 09/12/2012. It was noted on 07/10/2014 that the injured worker reported pain in the forearms, wrists and elbows bilaterally. The injured worker denied having paresthesias/numbness in the elbows. The physical examination findings included tenderness over the radial tunnels bilaterally, and pain with resisted wrist extension, middle finger extension and forearm supination. There was tenderness over the median nerve at the palm and distal forearm with negative Tinel's, negative Phalen's, and negative compression. There was tenderness over the cubital tunnel, no intrinsic weakness, and no paresthesias in the ulnar nerve distribution. Medications included Nabumetone, Gabapentin, and Lidopro ointment. The treatment plan was for medications, and the use of bilateral wrist and elbow splints. The rationale for the request and the authorization form were not provided for the review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom bilateral wrist splints:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand, splints

**Decision rationale:** The request for bilateral wrist splints is not medically necessary. The Official Disability Guidelines state that splints are recommended for treating displaced fractures. Immobilization is standard for fracture. For most tasks splint use improved or did not change pain levels, did not interfere with work performance, increased or maintained endurance, and did not increase perceived task difficulty. The findings suggest that wrist splint prescription is not a simple process; clinicians and clients need to work together to determine the daily wear pattern that maximizes benefit and minimizes inconvenience according to the client's individual needs. The injured worker has a history of pain in the forearms, wrists and elbows bilaterally. The injured worker has been treated with conservative care, medications, acupuncture, cortisone injections, wrist and forearm bracing, and physical therapy. The guidelines above recommend splints for the treatment of fractures. In this case the injured worker has not sustained any fractures. In addition the injured worker has been dispensed braces/splints in the past with no significant improvement. There was no documentation within the medical record to support that the use of ongoing splinting or bracing has provided pain relief or improved level of function. The guideline above suggests that long-term splint use for pain relief and improvement of function is not a simple process, so documentation of progress or status must be provided. In this case such documentation was not provided. As such the request is not medically necessary.

**Bilateral elbow splints:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand, splints

**Decision rationale:** The request for bilateral elbow splints is not medically necessary. The Official Disability Guidelines state that splints are recommended for treating displaced fractures. Immobilization is standard for fracture. For most tasks splint use improved or did not change pain levels, did not interfere with work performance, increased or maintained endurance, and did not increase perceived task difficulty. The findings suggest that splint prescription is not a simple process; clinicians and clients need to work together to determine the daily wear pattern that maximizes benefit and minimizes inconvenience according to the client's individual needs. The injured worker has a history of pain in the forearms, wrists and elbows bilaterally. The injured worker has been treated with conservative care, medications, acupuncture, cortisone injections, wrist and forearm bracing, and physical therapy. The guidelines above recommend splints for the treatment of fractures. In this case the injured worker has not sustained any fractures. In addition

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