

Case Number:	CM14-0181636		
Date Assigned:	11/06/2014	Date of Injury:	05/21/2014
Decision Date:	12/16/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/31/2014

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 patient is a 24-year-old female who has submitted a claim for carpal tunnel syndrome associated with an industrial injury date of May 21, 2014. Medical records from 2014 were reviewed, which showed that the patient complained of pain in the wrists, hands and fingers. Examination of the wrists revealed tender ventral surfaces, restricted ROM on the right, and positive Tinel's and Phalen's signs on the right. Both the sensation and motor strength of the upper extremities is reduced and graded as 2+ on the right. Treatment to date has included chiropractic treatment and physical therapy including diathermy, EMS, massage, ultrasound, right wrist brace and Mentherm gel. The utilization review from October 17, 2014 denied the request for right wrist brace because there was no documented evidence of fracture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist brace: Overturned

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), Forearm, Wrist & Hand Chapter

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

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. The ODG recommends splinting of wrist in neutral position at night & day prn, as an option in conservative treatment. According to the ODG, Carpal tunnel syndrome may be treated initially with a splint and medications before injection is considered. In this case, the patient presented with pain in the wrists, hands and fingers. Examination of the wrists revealed tender ventral surface, and positive Tinel's and Phalen's signs on the right. Both the sensation and motor strength of the upper extremities is reduced and graded as 2+ on the right. Clinical manifestations are consistent with carpal tunnel syndrome. Therefore, the request for right wrist brace is medically necessary.