

Case Number:	CM14-0182726		
Date Assigned:	11/07/2014	Date of Injury:	10/29/2008
Decision Date:	12/15/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/03/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 48 year old with an injury date on 10/29/08. Patient complains of continuing pain in his hands/wrists, continuing low lumbar pain, and recent lab analysis showing diabetes per 9/15/14 report. Patient is taking citrulline and risperidone for psychological problems, and treater has continued Gabapentin and Tramadol due to possible interactions per 9/15/14 report. Based on the 9/15/14 progress report provided by the treating physician, the diagnoses are: 1. bilateral carpal tunnel syndrome 2. bilateral flexor tendonitis 3. bilateral wrist arthrofibrosis 4. bilateral upper extremity paresthesias Exam on 9/15/14 showed "right wrist has gross loss of range of motion with arthrofibrosis. [It] appears to be getting a Guyon's canal entrapment with pain over hypothenar eminence, and weakness of intrinsic muscles of hand. Left wrist has better range of motion." L-spine range of motion was not included in reports. Patient's treatment history includes cockup splints (currently using), medications, and visits with a psychologist. The treating physician is requesting bilateral cock-up splints. The utilization review determination being challenged is dated 10/15/14 and denies request due to "no clear indications from submitted records to justify the use of a splint for the left hand/wrist." The treating physician provided treatment reports from 5/20/14 to 9/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral cock-up splints: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): table 11-7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter

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

Decision rationale: This patient presents with bilateral hand/wrist pain, lower back pain. The treater has asked for bilateral cock-up splints on 9/15/14 "as patient's wrist braces are significantly worn at this time." On 5/20/14 physical exam states: "new braces are a good fit and in good condition." Regarding wrist braces, ACOEM recommends initial treatment of carpal tunnel syndrome CTS to include night splints; day splints can be considered for patient comfort as needed to reduce pain, along with work modifications. In this case, the patient was provided a new set of braces 3 months ago which were "a good fit and in good condition." It appears 3 months of normal wear and tear have rendered cock up splints "significantly worn," and the treater is requesting a new set of bilateral wrist braces. The requested replacement set of bilateral cock-up splints appear reasonable for patient's ongoing wrist pain, especially severe on the right. The request is medically necessary.