

<b>Case Number:</b>	CM14-0094139		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/16/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 and Rehabilitation and is licensed to practice in Illinois. 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 28 year old female who reported an injury on 08/16/2013. The mechanism of injury was an onset of discomfort and soreness in her right arm while typing. There were no prior conditions, but diagnoses of carpal tunnel syndrome, cervicalgia, elbow tendonitis, and low back pain were noted. The past treatment for the injured worker was acupuncture and there was no surgical history noted. There was a MRI performed; however, the date was not specified and no results were provided. On the office visit on 07/02/2014, she complained of bilateral wrist swelling and pain, with an increase in pain to the left wrist since her last office visit. Upon examination the injured worker was noted to have normal range of motion to the left wrist. The left wrist was noted to have flexion to 90 degrees and extension to 75 degrees. No medications were documented. The treatment plan was to order a left wrist splint, obtain radiology report from MRI, and continue acupuncture. The rationale for the request was to minimize the possibility of future permanent residuals. The request for authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME - Left wrist splint:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 264, 272.  
Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome Chapter, Splinting.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

**Decision rationale:** The request for a left wrist splint is not medically necessary. The injured worker complained of increased pain, but this information was not quantified. The range of motion values for the left wrist was noted as normal as well. The California MTUS/ACEOM Guidelines note that when treating with a splint in carpal tunnel syndrome, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day, depending upon the activity. The subjective and objective findings did not support the use of the DME requested. Therefore, this request is not medically necessary.