

Case Number:	CM14-0096904		
Date Assigned:	07/28/2014	Date of Injury:	07/31/2012
Decision Date:	10/17/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/24/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 52-year-old female who sustained a work related injury on July 31, 2012 as a result of cumulative repetitive motion of the wrists and neck. Per the PR-2 dated 2/4/2014, she is awaiting authorization for carpal tunnel release surgery. She has a history of neck pain, headaches, bilateral shoulder / trap muscle with radiation to arms, elbows and wrists; right greater than left. Her pain intensity is at 9-10/10 without medication use, and down to 5/10 with medication. On physical exam, she has cervical spine tenderness with noted decreased range of motion. In dispute is a decision for bilateral wrists splints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral wrists splints.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Wrist splints: Initial treatment of carpal tunnel syndrome (CTS) should include night splints. Day splints can be considered for patient comfort as needed to reduce pain, along with work modifications. The patient is scheduled to undergo carpal tunnel release. Therefore, the request for bilateral wrists splints is medically necessary.

