

Case Number:	CM14-0193371		
Date Assigned:	12/01/2014	Date of Injury:	09/23/2013
Decision Date:	02/11/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/19/2014

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 Orthopedic Surgery 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:

According to the records made available for review, this is a 31-year-old male with a 9/23/13 date of injury. At the time (10/27/14) of request for authorization for purchase of post operative splint for the bilateral wrists, as outpatient, there is documentation of subjective (pain in the hands and wrists with intermittent numbness and tingling of the median-innervated digits) and objective (no pertinent findings) findings, current diagnoses (carpal tunnel syndrome), and treatment to date (medication and wrist brace). Medical report identifies a request for bilateral carpal tunnel release with postoperative wrist splints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Post Operative Splint for The Bilateral Wrists, as Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Splinting

Decision rationale: MTUS reference to ACOEM guidelines identifies that two prospective randomized studies show no benefit effect from postoperative splinting after carpal tunnel

release when compared to bulky dressing alone. ODG identifies that splinting after surgery has negative evidence. Therefore, based on guidelines and a review of the evidence, the request for purchase of post operative splint for the bilateral wrists, as outpatient is not medically necessary.