

<b>Case Number:</b>	CM14-0214162		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	06/12/2009
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 56-year-old female with a date of injury of 06/12/2009. According to progress report dated 08/21/2014, the patient presents with no significant improvement since last exam and continues to have bilateral shoulder, neck, and bilateral hand pain. She has numbness and tingling in both hands. EMG/nerve conduction test has been consistent with mild right carpal tunnel syndrome. Examination of the bilateral elbows revealed lateral elbows are tender to palpation, and there is positive bilateral Tinel's. Examination of the bilateral wrists revealed joint lines are tender to palpation, and there is positive Tinel's and Phalen's sign bilaterally. The listed diagnoses are: 1. Cervical strain. 2. Other and unspecified intracranial injury without open wound, unspecified state of consciousness. The patient has been instructed to return back to regular work. Treatment plan was for continuation of medication, consultation with an orthopedic hand surgeon for patient's right carpal tunnel syndrome, wrist brace, and instructions to follow up in 6 weeks. The utilization review denied the request on 12/01/2014. The medical file provided for review includes 1 progress report dated 08/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Bilateral low profile TMC Braces times 2 (DOS 11/19/14):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Wrist, & Hand-Splints

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

**Decision rationale:** This patient presents with continued bilateral wrist pain, tenderness, and positive Tinel's and Phalen's bilaterally. The current request is for retrospective bilateral low profile TMC braces x2 (DOS:11/19/2014). For wrist bracing/splinting, ACOEM Guidelines page 265 states, "When treating with splints and CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting would be used at night and may be used during the day depending upon activity." In this case, given the patient's persistent complaints of pain and diagnosis of carpal tunnel syndrome, bilateral wrist splints are medical necessary.