

<b>Case Number:</b>	CM14-0215620		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	04/04/2011
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### 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 38-year-old woman with a date of injury of 04/04/2011. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 08/13/2014, 10/01/2014, and 10/13/2014 indicated the worker was experiencing pain in both wrists with stiffness, neck pain that goes into the left arm, and both shoulders with stiffness. The most recent documented examination described no abnormal findings. The submitted and reviewed documentation concluded the worker was suffering from overuse syndrome involving both arms, bilateral shoulder tendinitis, bilateral lateral epicondylitis, bilateral carpal tunnel syndrome and cubital tunnel syndrome, bilateral deQuervain's tendinitis, cervical musculoligamentous strain, C4-C6 bulging disks, and right acromioclavicular arthritis. Treatment recommendations included medications, post-operative wound care, and a wrist immobilizer. A Utilization Review decision was rendered on 11/26/2014 recommending non-certification for a left wrist and thumb immobilizer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wrist/thumb immobilizer for left wrist:** Overturned

**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): 272, 262, 264.

**Decision rationale:** The ACOEM Guidelines support the short-term use of splinting or immobilization as first-line treatment for DeQuervain's syndrome, carpal tunnel syndrome, new strains, and other conditions that cause inflammation. Splinting for carpal tunnel syndrome is generally restricted to night use. Immobilization should not interfere with total body activity. The submitted and reviewed documentation concluded the worker was suffering from bilateral DeQuervain's tendinitis, among other issues. In light of this supportive evidence, the current request for a left wrist and thumb immobilizer is medically necessary.