

Case Number:	CM15-0009334		
Date Assigned:	01/27/2015	Date of Injury:	04/28/1999
Decision Date:	03/23/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/15/2015

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 injured worker was a 67 year old female, who sustained a work related injury, April 28, 1999. The injured sustained the industrial injury after tripping on a box, landing on both knee and hands suffering abrasions on both knees and hands. The injured worker suffers from lower extremity pain in the thigh, knee, calf and foot. The pain was aggravated by activity and walking. The rated pain was 9 out of 10 with [pain medication and 10 out of 10 with pain medication; 0 being o [pain and 10 being the worse pain. The injured workers chief complaint was right wrist pain. The injured worker was diagnosed with chronic pain, bilateral carpal tunnel syndrome and bilateral knee pain, myositis/myalgia, osteoarthritis, depression, status post bilateral carpal tunnel; release and bilateral knee surgery and opiate intolerance from long term use of opiates. The injured worker was treated with pain medication, muscle relaxants, anti-inflammatory medications, and physical therapy which helped. According to the progress note of September 5, 2014, the x-rays of the left knee were unremarkable, the right knee showed mild degenerative changes. The primary treating physician requested authorization for the purchase of a right hand splint as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Purchase of a right hand splint, as an outpatient: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
[https://www.acoempracguidelines.org/hand and wrist](https://www.acoempracguidelines.org/hand%20and%20wrist); table 2, summary of recommendations, hand and wrist disorders

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

Decision rationale: Based on the 11/18/14 progress report provided by treating physician, the patient presents with bilateral wrist and hand pain rated 5/10 with, and 9/10 without medications. The request is for 1 PURCHASE OF A RIGHT HAND SPLINT, AS AN OUTPATIENT. The patient is status post bilateral carpal tunnel release, date unspecified. Patient's diagnosis per Request for Authorization form dated 12/09/14 included bilateral carpal tunnel syndrome. Patient's medications include Norco, Tizanidine, Senokot, Lansoprazole, Relafen, and Duloxetine. Patient is temporarily totally disabled, per treater report dated 11/12/14. ACOEM Guidelines page 265 states, "When treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be at night and may be used during the day, depending upon activity." In this case, given the patient's post operative status, persistent complaints of pain and diagnosis of carpal tunnel syndrome, the request for right hand splint appears reasonable and is indicated by guidelines. The progress reports provided do not indicate that this patient has received a brace to date. Therefore, this request IS medically necessary.