

Case Number:	CM15-0013463		
Date Assigned:	01/30/2015	Date of Injury:	07/20/2014
Decision Date:	03/20/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/22/2015

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 is a 32-year-old female who reported injury on 07/20/2014. The mechanism of injury was noted to be the injured worker walked toward the kitchen to clock in and landed waist deep in a drainage area for grease and other fluids. The injured worker fell; as the injured worker was falling, she reached out her right hand and the right wrist struck the flooring. Prior therapies included heat, ice and physical therapy. The injured worker was noted to undergo conservative care including chiropractic care. There was a Request for Authorization submitted for review dated 12/30/2014. The documentation of 12/30/2014 revealed the injured worker had complaints of a pain level of 7. The injured worker had neck pain, constant, sharp, severe, improved with medications. It was indicated the injured worker had no nausea and vomiting and was attending chiropractic care. The injured worker continued to take Lexapro. The physical examination revealed tenderness to palpation. The documentation indicated the injured worker was very cautious with neck movements and had a significant decrease in range of motion with lateral flexion right greater than left and forward bending. The injured worker had tense and tender right sided paraspinal muscles. The diagnoses included cervical sprain/strain neck. The treatment plan a continuation of conservative care including medications, exercise, self physical therapy and a TENS unit. The injured worker was noted to have EMG/NCV of the bilateral upper extremities. The studies were noted to reveal bilateral carpal tunnel syndrome and wrist splints were dispensed. The medications refilled were diclofenac, omeprazole and Lexapro. The documentation indicated the injured worker should continue chiropractic care and acupuncture times 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wrist splint bilateral CTS (Wrist and thumb splint): 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): 263-264.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that day splints may be considered for patients comfort as needed to reduce pain along with work modifications and initial treatment of carpal tunnel syndrome should include night splints. The clinical documentation submitted for review failed to indicate a necessity for bracing or splinting. There were no objective findings noted related to carpal tunnel syndrome. The documentation indicated the injured worker underwent electrodiagnostic studies which supported carpal tunnel syndrome. However, given the lack of documentation of objective findings upon physical examination, the request for wrist splint bilateral CTS (wrist and thumb splint) is not medically necessary.