

Case Number:	CM15-0111566		
Date Assigned:	06/18/2015	Date of Injury:	03/04/2009
Decision Date:	07/17/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/09/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 63 year old male, who sustained an industrial injury on 3/4/09. He reported a sharp pain in right shoulder while fixing a machine overhead. The injured worker was diagnosed as having right and left carpal tunnel syndrome, cervical spine pain, degenerative disc disease and shoulder pain. Treatment to date has included left shoulder surgery, shoulder injections and activity restrictions. Currently, the injured worker complains of right shoulder pain and neck pain rated 9/10, relieved with rest and worsened with activity. He also complains of frequent severe right and left wrist pain with radiation to fingers rated 2/10 on left and 8/10 on right. He may work on modified duty. Physical exam noted right shoulder restricted range of motion, well healed scar over the left shoulder, restricted range of motion of neck and absent reflexes throughout. Painful range of motion is noted of bilateral wrists. The treatment plan for date of service 4/30/15 included x-rays of cervical spine and right shoulder, (MRI) magnetic resonance imaging of right shoulder, physical therapy of right shoulder and cervical spine, cervical collar, cervical traction and TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral wrist splints, quantity: 2: 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): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 11, page 264.

Decision rationale: This claimant was injured in 2009. He had a sharp pain in the right shoulder. There has been left shoulder surgery and injections. There continues to be right and left wrist pain, more several on the right. The California MTUS-ACOEM guides, Chapter 11 for the Forearm, Wrist and Hand note, on page 263: Initial treatment of CTS should include night splints. Day splints can be considered for patient comfort as needed to reduce pain, along with work modifications. When treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day, depending upon activity. I did not find the claimant had a condition supported for splinting under MTUS. The request is not medically necessary.