

Case Number:	CM15-0122274		
Date Assigned:	07/10/2015	Date of Injury:	06/09/2014
Decision Date:	08/06/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/24/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 30 year old male, who sustained an industrial injury on June 9, 2014. Treatment to date has included physical therapy, home exercise program, right carpal tunnel release, work restrictions and medications. Currently, the injured worker reports that he feels his hand is getting gradually better and he is not having the same degree of numbness. He has no evidence of paresthesia on physical examination. His surgical wound is healing well and he can make a full fist. He has a moderate decrease in wrist extension and mild swelling is noted. The diagnoses associated with the request include bilateral carpal tunnel syndrome and status post right carpal tunnel release on November 24, 2014. He is status post left carpal tunnel release on 4/1/15. The treatment plan includes hand therapy, left wrist gel support and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left wrist comfortprene gel support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome-Splinting.

Decision rationale: Left wrist comfortprene gel support is not medically necessary per the MTUS and the ODG. The ODG states that splinting after carpal tunnel surgery has negative evidence. The MTUS states that post-surgery, a home therapy program is superior to extended splinting. The documentation indicates that the patient is status post left carpal tunnel release. The guidelines do not support post carpal tunnel release splinting therefore this request is not medically necessary.