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| Case Number: | CM15-0179712 | | |
| Date Assigned: | 09/21/2015 | Date of Injury: | 04/01/2014 |
| Decision Date: | 10/23/2015 | UR Denial Date: | 09/01/2015 |
| Priority: | Standard | Application Received: | 09/12/2015 |

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, Virginia, North Carolina
 Certification(s)/Specialty: Plastic Surgery

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 54 year old female who sustained an industrial injury on 04-01-2014. Current diagnosis includes status post right carpal tunnel release. Report dated 08-20-2015 noted that the injured worker presented with subjective complaints that included "right long finger." Pain level was not included. Objective findings from 08-20-2015 included "wound healed right wrist." Previous diagnostic studies included an EEG, respiratory diagnostic study, cardio-respiratory diagnostic testing, and sudoscan. Previous treatments included medications, surgical intervention (07-31-2015), psychological evaluation and treatment, and physical therapy. The treatment plan included request for new wrist brace and re-check in 2 weeks. Of note, some of the report dated 08-20-2015 was hard to decipher. The utilization review dated 09-01-2015, non-certified the request for wrist support (purchase).

IMR ISSUES, DECISIONS AND RATIONALES

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

Wrist support, Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Carpal Tunnel Syndrome - Splinting.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The patient is a 54 year old female who had undergone right carpal tunnel release on 7/31/15. Documentation from 8/20/15 notes that the patient is seen in follow-up of the right carpal tunnel release with the wound healed. The plan was to begin active and passive range of motion. A request was made for a new wrist brace; the laterality was not specified. As it is unclear the justification for the new splint and for which side, it should not be considered medically necessary. ACOEM guidelines from page 270, Chapter 11 state the following: Two prospective randomized studies show no beneficial effect from postoperative splinting after carpal tunnel release when compared to a bulky dressing alone. In fact, splinting the wrist beyond 48 hours following CTS release may be largely detrimental, especially compared to a home therapy program. Therefore, without greater justification for a splint following her right carpal tunnel release, this should not be considered medically necessary. If the request is for the left side, then this should be documented with its justification as well.