

Case Number:	CM15-0033362		
Date Assigned:	02/26/2015	Date of Injury:	06/20/2013
Decision Date:	04/13/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/23/2015

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 36-year-old female with an industrial injury dated 06/20/2013. She worked as an office manager and developed bilateral numbness of the hands and bilateral shoulder pain. She presents on 01/16/2015 complaining of persistent cervical pain radiating into bilateral upper extremities, right greater than left. She also reports upper extremity pain causing her to drop things. There was diminished grip strength in left hand muscle testing. Prior treatment includes massage, medications and physical therapy. Diagnoses: Cervical degenerative disc disease with radiculopathy. Carpal tunnel syndrome on the right. Cervicogenic headaches. Herniated Nucleus pulposus at cervical 4-5. Impingement syndrome of shoulders. On 02/02/2015 the request for 1 wrist splint was non-certified by utilization review. ACOEM was cited

IMR ISSUES, DECISIONS AND RATIONALES

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

One wrist splint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official disability guidelines Carpal Tunnel Syndrome Chapter, Splinting.

Decision rationale: The reports provided for review state the patient presents with persistent cervical pain radiating into bilateral upper extremities, right greater than left along with a diagnosis of Carpal Tunnel Syndrome. She also reports upper extremity pain causing her to drop things. There was diminished grip strength in left hand muscle testing. The current request is for one wrist splint. The RFA is not included. As of 01/27/15, the patient is off work until 02/27/15. 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." ODG, Carpal Tunnel Syndrome Chapter, Splinting, Recommends splinting of the wrist in a neutral position at night and day prn, as a conservative treatment option. Splinting after surgery has negative evidence. Many of the reports provided for review from 09/02/15 to 01/27/15 are handwritten and mostly illegible. The treater does not discuss this request in the reports provided. The 09/19/14 report states bilateral wrist braces have been approved. Reports starting 11/18/14 mention the need for CTS release for the patient. The 02/02/15 utilization review states Right CTR was certified on 01/06/15. In this case, it is not clear if use of the requested splint is intended for pre or post-operative use. Post-operative use is not recommended by guidelines. If for pre-operative use, it is unclear why it is needed as wrist braces have been certified and there is no discussion. The MTUS page 8 requires the physician to monitor the patient's progress and make appropriate recommendations. Lacking a clear statement from the treating physician regarding the need for a wrist splint, the current request is not medically necessary.