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| Case Number: | CM15-0063395 | | |
| Date Assigned: | 04/09/2015 | Date of Injury: | 07/05/2007 |
| Decision Date: | 05/15/2015 | UR Denial Date: | 03/19/2015 |
| Priority: | Standard | Application Received: | 04/03/2015 |

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: Internal 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:

This 43 year old female sustained an industrial injury to bilateral upper extremities on 7/5/07. Previous treatment included electromyography, protective brace and medications. In a follow-up note dated 3/5/15, the injured worker complained of diffuse numbness and tingling to both hands on the median and ulnar nerve distribution and diffuse and nonspecific wrist and elbow pain. The physician noted that previous nerve conduction study showed only minimal right carpal tunnel syndrome. Current diagnoses included joint pain hand and joint pain forearm. Magnetic resonance imaging (3/6/15) showed a left triangular fibrocartilage complex tear. In a follow-up visit note dated 3/12/15, physical exam was remarkable for positive Tinel's and Phalen's sign across the left carpal tunnel with obvious swelling over the left forearm. The physician's impression was worsening carpal tunnel syndrome, possibly indicative of flexor tenosynovial proliferation. The treatment plan included right open carpal tunnel release and wrist arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wrist/Hand/Finger Orthosis without joints, prefabricated: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses wrist splinting. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 11 Forearm, Wrist, and Hand Complaints Table 11-7 Summary of Recommendations for Evaluating and Managing Forearm, Wrist, and Hand Complaints (Page 272) indicates that splinting as conservative treatment for carpal tunnel syndrome, DeQuervain's, strains, et cetera is recommended. Prolonged splinting leads to weakness and stiffness. The utilization review physician advisor report dated 3/19/15 documented that bilateral universal thumb lacer splints were certified in November 2014. The progress report dated 3/5/15 documented that the patient stated that despite the use of the protective braces, the pain and discomfort have not subsided. Bilateral universal thumb lacer braces were requested 3/5/15. The progress report dated 3/5/15 documented that the patient reported that braces did not improve her wrist and hand symptoms. Because the patient reported no benefit with the previously supplied wrist braces, the request for a new set of wrist braces is not supported. Therefore, the request for bilateral universal thumb lacer braces is not medically necessary.