

<b>Case Number:</b>	CM15-0064895		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	06/12/2009
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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 58-year-old male sustained an industrial injury to bilateral upper extremities on 6/12/09. Previous treatment included magnetic resonance imaging, electromyography, right shoulder arthroscopy, left shoulder decompression and debridement, left shoulder rotator cuff repair, physical therapy, chiropractic therapy, injections, psychiatric care and medications. The injured worker underwent right carpal tunnel release on 3/2/15. In a PR-2 dated 3/23/15, the injured worker complained of bilateral shoulder pain rated 3/10 that increased to 8/10 with activity. The injured worker reported that his right hand pain was 0/10 since recent surgery. Physical exam was remarkable for mild tenderness to the right wrist with positive Tinel's and Phalen's tests. Current diagnoses included bilateral shoulder pain, right carpal tunnel syndrome, right cubital tunnel syndrome, secondary depression and insomnia due to chronic pain and gastroesophageal reflux disease due to pain medication use. The treatment plan included medications (Norco, Ibuprofen, Elavil and Omeprazole) and physical therapy per the surgeon's recommendation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right thumb spica splint:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-266, 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 indicates that 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. For carpal tunnel syndrome, splinting of wrist in neutral position at night and day is a treatment option. 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. Activities that increase stress on the hand or wrist may contribute to structural damage and tend to aggravate symptoms. 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. The primary treating physician's progress report dated February 23, 2015 documented right hand pain and numbness. All the fingers in the right hand have numbness and tingling. The patient experiences weakness while holding objects and tends to drop objects. The operative report dated March 2, 2015 documented the performance of right first dorsal compartment release and right carpal tunnel release. The postoperative diagnoses were radial styloid tenosynovitis and carpal tunnel syndrome. MTUS & ACOEM guidelines support the request for a right thumb spica splint. Therefore, the request for right thumb spica splint is medically necessary.