

<b>Case Number:</b>	CM15-0070114		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	01/26/2012
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: Emergency 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 41-year-old woman sustained an industrial injury on 1/26/2012. The mechanism of injury is not detailed. Diagnoses include carpal tunnel syndrome, cubital tunnel syndrome, and edema. Treatment has included oral medications. Physician notes from physical therapy dated 3/17/2015 show complaints of continued right hand pain and swelling rated 5-7/10. The worker states she is not able to perform most of her activities of daily living and her husband has been helping her. Recommendations include a wrist cock-up splint and continue with the current rehabilitation program. A prescription dated 3/18/2015 includes therapy, wrist cock-up and pil-o splints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue Therapy 3 x 6, QTY: 18:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand (Acute & Chronic), Physical Therapy.

**Decision rationale:** The requested Continue Therapy 3 x 6, QTY: 18, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 11, Forearm, Wrist and Hand Complaints, Physical Methods, Pages 264-265 and Official Disability Guidelines (ODG), Forearm, Wrist and Hand (Acute & Chronic), Physical Therapy, recommend continued physical therapy with documented objective evidence of derived functional improvement from completed physical therapy sessions as a transition to a dynamic home exercise program. The injured worker has continued right hand pain and swelling rated 5-7/10. The worker states she is not able to perform most of her activities of daily living and her husband has been helping her. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Continue Therapy 3 x 6, QTY: 18 is not medically necessary.

**Right Wrist Cock-Up, QTY: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264, 272.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**Decision rationale:** The requested Right Wrist Cock-Up, QTY: 1, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) The American College of Occupational and Environmental Medicine (ACOEM) Occupational Medicine Practice Guidelines, 2nd Edition, 2004 pg. 265 "When treating with a splint in CTS, scientific evidence supports the efficacy or neural wrist splints. Splinting should be used at night, and may be used during the day, depending upon activity." The injured worker has continued right hand pain and swelling rated 5-7/10. The worker states she is not able to perform most of her activities of daily living and her husband has been helping her. The treating physician has not documented the medical necessity for an additional splint as the injured worker has previously been provided with a splint. The criteria noted above not having been met, Right Wrist Cock-Up, QTY: 1 is not medically necessary.

**Pil-O Splint:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264, 272.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**Decision rationale:** The requested Pil-O Splint is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) The American College of Occupational and Environmental Medicine (ACOEM) Occupational Medicine Practice Guidelines, 2nd Edition,

2004 pg. 265 "When treating with a splint in CTS, scientific evidence supports the efficacy of neural wrist splints. Splinting should be used at night, and may be used during the day, depending upon activity." The injured worker has continued right hand pain and swelling rated 5-7/10. The worker states she is not able to perform most of her activities of daily living and her husband has been helping her. The treating physician has not documented the medical necessity for an additional splint as the injured worker has previously been provided with a splint. The criteria noted above not having been met, Pil-O Splint is not medically necessary.