

<b>Case Number:</b>	CM15-0093039		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	03/22/2009
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: Preventive Medicine, Occupational 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:

The injured worker is a 55-year-old male, who sustained an industrial injury on 3/22/09. He has reported initial complaints of neck, shoulder and bilateral wrist injuries sustained after striking two stopped cars that were involved in a previous accident. The diagnoses have included causalgia of upper limb, lumbar radiculopathy, disorders of the tendons/bursa in the shoulder region, displacement of cervical intervertebral disc without myelopathy, myalgia, myositis, bilateral carpal tunnel syndrome with complicated Complex regional pain syndrome (CRPS) refractory to carpal tunnel release. Treatment to date has included medications, diagnostics, carpal tunnel release surgery, activity modifications, physical therapy, and splinting. Currently, as per the physician progress note dated 4/8/15, the injured worker complains of continued pain that is unbearable to both hands and wrists. The pain is rated 10/10 on pain scale and has worsened since the last visit. The physical exam of the bilateral wrists reveals that the active range of motion in the left wrist shows decreased dorsiflexion with pain, decreased palmarflexion with pain and with restrictions. The active range of motion of the right wrist shows decreased palmarflexion with pain and decreased dorsiflexion with pain and restrictions. It is noted that the pain scale is 10/10 with significantly reduced range of motion and swelling of both wrists and he is unable to don his braces. The bilateral grip strength is worsening. The bilateral wrists have edema, loss of motion, soreness, stiffness, tenderness, positive Tinel's and Phalen's of both wrists with severe pain to the touch of both wrists. The current medications included Naproxen, Wellbutrin, Prilosec, Ophenadrine, Norco and Menthaderm cream. The urine drug screen dated 1/13/15 was inconsistent with medications prescribed. There was no recent diagnostics included

in the records. The physician requested treatment included Wrist brace with thumb Spica (bilateral wrists).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Wrist brace with thumb spica (bilateral wrists):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome (Acute & Chronic), and Splinting.

**Decision rationale:** The Official Disability Guidelines recommend splinting of wrist in neutral position at night & day prn, as an option in conservative treatment. Use of daytime wrist splints has positive, but limited evidence. Splinting after surgery has negative evidence. Data suggest that splinting is most effective if applied within three months of symptom onset. This systematic review found that the usefulness of splinting as initial treatment for improving CTS symptoms is still supported by recent literature, but these effects are temporary. Wrist brace with thumb spica (bilateral wrists) is not medically necessary.