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| Case Number: | CM14-0148190 | | |
| Date Assigned: | 09/18/2014 | Date of Injury: | 10/05/2011 |
| Decision Date: | 10/20/2014 | UR Denial Date: | 08/11/2014 |
| Priority: | Standard | Application Received: | 09/11/2014 |

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder, neck, and wrist pain reportedly associated with an industrial injury of October 5, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; earlier left shoulder surgery on July 2, 2013; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated August 11, 2014, the claims administrator denied a request for bilateral carpal tunnel splints, stating that the applicant's presentation was not consistent with that of carpal tunnel syndrome. The claims administrator did reportedly based its decision on a request for authorization (RFA) form of August 4, 2014. The applicant's attorney subsequently appealed. In a July 16, 2014 progress note, the applicant reported persistent complaints of neck pain, shoulder pain, and muscle spasms, 7-9/10. The applicant was an insulin-controlled diabetic, it was stated. It was suggested that the applicant's diabetes was poorly controlled. The attending provider did review electrodiagnostic testing results of June 12, 2014, which were notable for mild left-sided carpal tunnel syndrome and moderate right-sided carpal tunnel syndrome. It was stated that the applicant should obtain carpal tunnel splints for reported carpal tunnel syndrome. While the attending provider's reporting focused on issues associated with neck and left shoulder, the attending provider did nevertheless report that the applicant was having difficulty opening jars and cutting food. The applicant was off of work, it was acknowledged on a progress note dated May 6, 2014. This note was apparently a Doctor's First Report (DFR). In this note, it was stated that the applicant was having "left arm sensory complaints."

IMR ISSUES, DECISIONS AND RATIONALES

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

One bilateral carpal tunnel splint: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: According to the Forearm, Wrist, and Hand Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, splinting is "recommended" as a first-line treatment for carpal tunnel syndrome, as is reportedly present here. While the attending provider has not necessarily recounted the applicant's carpal tunnel syndrome symptoms with a great deal of clarity, they are nevertheless evident. The attending provider has reported ancillary complaints of sensory issues/paresthesias about the left hand. The applicant has had electrodiagnostic testing of June 12, 2014, which was notable for bilateral carpal tunnel syndrome. The applicant is reporting difficulty opening jars and cutting food. All of the above signs, symptoms, and testing results are, in fact, consistent with an operating diagnosis of bilateral carpal tunnel syndrome for which the splints in question are indicated. Therefore, the request for one bilateral carpal tunnel splint is medically necessary and appropriate.