

<b>Case Number:</b>	CM13-0027534		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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:

This is a 49 year-old female with a 10/16/2012 industrial injury claim. On 4/17/13, she underwent left wrist arthroscopic debridement and excision of a TFCC tear and repair of peripheral TFCC tear, Lunotriquetral partial ligament debridement; 1st dorsal compartment and 2nd dorsal compartment release. The procedure was without complications, but in the recovery room she developed chest pain and shortness of breath. She had full cardiac work up and enzymes and EKG were negative. The symptoms were deemed to be possible asthma attack or reflux. According to the IMR application, UR apparently denied the request for 3-6 month use of dynasplints for wrist extension and flexion on 9/9/13. I have not been provided a copy of the UR denial for this IMR, nor was I provided the physician's report that requested the devices. I do have a copy of the 8/28/13 RFA for the dynasplints, but there is no rationale.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wrist Extension Dynasplint x 6 months vs 2nd Rx x 3 months QTY: 6.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand Chapter.

**Decision rationale:** The patient presents with left wrist pain following the 4/17/13 first and 2nd dorsal compartment release with TFCC debridement. The RFA for the dynasplints is dated 8/28/13. The 8/30/13 report from [REDACTED] shows left wrist flexion at 60 degrees, and extension at 40 degrees. The AMA guides for impairment, show normal wrist flexion is 60 degrees and normal extension is 60 degrees. The 9/20/13 report from [REDACTED] shows left wrist flexion at 75 and 50 degrees, and states left wrist extension is at 65 degrees. According to these reports, the patient had normal wrist flexion on 8/30/13 and normal wrist extension by 9/20/13. There is no rationale provided for use of the Dynasplint for flexion or extension when the motion is in normal limits. MTUS/ACOEM does not discuss the Dynasplint, so ODG guidelines are cited. ODG states these can be used for up to 8-weeks. The request for 3-6 months use, will exceed the ODG guidelines.

**Wrist Flexion Dynasplint x 6 months vs 2nd Rx x 3 months QTY: 6.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand Chapter.

**Decision rationale:** The patient presents with left wrist pain following the 4/17/13 first and 2nd dorsal compartment release with TFCC debridement. The RFA for the dynasplints is dated 8/28/13. The 8/30/13 report from [REDACTED] shows left wrist flexion at 60 degrees, and extension at 40 degrees. The AMA guides for impairment, show normal wrist flexion is 60 degrees and normal extension is 60 degrees. The 9/20/13 report from [REDACTED] shows left wrist flexion at 75 and 50 degrees, and states left wrist extension is at 65 degrees. According to these reports, the patient had normal wrist flexion on 8/30/13 and normal wrist extension by 9/20/13. There is no rationale provided for use of the Dynasplint for flexion or extension when the motion is in normal limits. MTUS/ACOEM does not discuss the Dynasplint, so ODG guidelines are cited. ODG states these can be used for up to 8-weeks. The request for 3-6 months use, will exceed the ODG guidelines.