

Case Number:	CM13-0028343		
Date Assigned:	01/31/2014	Date of Injury:	02/11/2010
Decision Date:	04/15/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	09/23/2013

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 Physical Medicine & Rehabilitation 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:

This 68 year-old patient sustained an injury on 2/11/10. Diagnoses included Sprain of Neck; Cervical spondylosis; Brachial neuritis. Hand-written report of 7/31/13 from the provider was somewhat illegible and noted patient with injury to left hand. The patient complained of left shoulder, left hand pain. There was tenderness to the left thumb and left hand; L/s; no other objective findings were documented. The patient was to remain off-work until 9/18/13. Request for DME of left thumb splint was non-certified on 8/9/13 citing guidelines criteria and lack of medical necessity. There is an AME supplemental report of 9/5/13 noting the patient's future medical care of surgery should be reserved for left shoulder only and any left hand surgery is very improbable.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT (DME) PURCHASE OF A SPLINT FOR THE LEFT THUMB: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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), Splints

Decision rationale: ACOEM guidelines recommend as an option of thumb splint for diagnoses of DeQuervain's tenosynovitis to limit motion of inflamed structures and under ODG, noted indication for immobilization treatment of fractures. Submitted reports have not adequately demonstrated the medical necessity for treatment with the thumb splint without any clearly documented clinical presentation or limitations to support for this DME. The purchase of a splint for the left thumb is not medically necessary and appropriate.