

Case Number:	CM13-0047558		
Date Assigned:	01/15/2014	Date of Injury:	02/05/2001
Decision Date:	05/02/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/04/2013

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 and Rehabilitation and Pain 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 patient is a 61-year-old female patient with a date of injury on 02/05/2001. Diagnoses include cervical discogenic disease, cervical facet arthrosis, cervical spine sprain/strain, lumbar discogenic disease, lumbar facet arthrosis, lumbar spine sprain/strain, and left wrist ganglion, per MRI. Records indicate the mechanism of injury occurred when the patient fell on her left wrist and had pain, tenderness and decreased range of motion of the left wrist. An MRI of the left wrist dated May 23, 2013 revealed ganglion cyst at the volar aspect of the radial carpal joint; subchondral cyst/erosion at lunate, triquetral and hamate. On 09/24/13, the patient continued to report pain in the left wrist and noted that she never received the brace for her wrist. Wrist pain was rated at 5/10. Left wrist exam revealed tenderness to palpation over Final Determination Letter for IMR Case Number CM13-0047558 3 the dorsal aspect of the ulna. Decreased range of motion with pain and left trigger finger (middle finger) was identified. Left wrist support was re-requested. The most recent exam provided is dated December 13, 2013, noting tenderness to palpation over the dorsal aspect of the ulna, decreased painful range of motion, and left trigger finger (middle finger). Treatment plan noted pending authorization for left wrist support. The utilization review dated October 18, 2013 noncertified a request for one (1) left wrist support between 9/24/2013 and 12/15/2013, noting that the diagnoses included left wrist ganglion as per MRI, which does not include evidence of fracture, torn tendons or arthritic conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) LEFT WRIST SUPPORT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The California MTUS Guidelines do not specifically address wrist supports. The Official Disability Guidelines (ODG) Wrist and Hand Chapter, Casting versus splints notes "Mason type I radial head fractures can be treated with a splint for five to seven days or with a sling as needed for comfort, along with early range-of-motion exercises. Patients with an olecranon fracture are candidates for nonsurgical treatment if the elbow is stable and the extensor mechanism is intact. Isolated ulnar fractures can usually be managed with a short arm cast or a functional forearm brace." In this case, patient reports wrist pain rated at 5/10 with exam findings of tenderness to palpation over the dorsal aspect of the ulna, decreased painful range of motion, and left middle finger trigger finger. MRI identifies left wrist ganglion cyst. There is no evidence of fracture on MRI or any other indication that would support the use of a wrist splint. The request for one (1) left wrist support is not medically necessary and appropriate.