MAXIMUS Federal Services

Case Number:	CM13-0049030		
Date Assigned:	12/27/2013	Date of Injury:	01/15/1997
Decision Date:	03/10/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/07/2013

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, and is licensed to practice in Illinois. 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:

The patient is a 56-year-old male who reported a work related injury on 1/15/97; the specific mechanism of injury was not stated. The patient presents for treatment of posttraumatic head injury and dental trauma with subsequent repair, failure of dental trauma implants, rotator cuff tendinosis right shoulder, status post right wrist fracture, status post hardware removal, status post carpal tunnel release right wrist, and right thumb sprain/strain. The clinical note dated 9/11/13 reports that the patient was seen in clinic under the care of [redacted]. The provider documented that the patient reports continuing complaints of increased upper extremity and back pain. The patient reports complaints of increase left thumb and wrist pain with swelling. The provider documented the following grip strength readings 4/6/4 kg on the right and 34/28/32 kg on the left. The provider documented tenderness was noted at the base of the right thumb and the dorsum of the right wrist. The provider wrote her prescriptions for a right wrist thumb spica splint, Lorcet, Klonopin, Prilosec, and naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of right wrist/hand orthosis is: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

Decision rationale: The clinical notes fail to document the patient's course of treatment as far as active treatment modalities utilized for his pain complaints about the right wrist/hand. The provider documented on the last clinical note that the patient presented with left hand complaints; however, exam of the right hand was noted and a subsequent prescription for a right wrist thumb spica splint was rendered. The clinical notes did not indicate if the patient had previously utilized splinting for his chronic pain about the right hand and the efficacy of treatment. The California MTUS/ACOEM Guidelines indicate initial treatment of carpal tunnel syndrome should include night splinting. However, given all of the above, the request is not medically necessary or appropriate.