

Case Number:	CM13-0058544		
Date Assigned:	06/09/2014	Date of Injury:	10/22/2012
Decision Date:	08/08/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/27/2013

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 Family 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 claimant is a 30 yr. old female who sustained a work related injury on 10/22/12 involving the left wrist. An MRI confirmed a diagnosis of a triangular fibrocartilage tear. She underwent surgical repair of her left wrist in June 2013. On 11/12/13 she had removal of a left wrist suture nodule. The claimant had previously used a Dynasplint and was continued on it for forearm rotation. A progress note on 12/24/13 indicated she had improved left wrist pain but had a stiff wrist. Physical findings included reduced flexion and extension of the left wrist as well as a palpable scar nodule. The treating physician now recommended a Dynasplint for wrist flexion and extension along with occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

DYNASPLINT (CONTINUED RENTAL) X 2 MONTHS FOR LEFT WRIST(DATE OF SERVICE 11/18 TO 01/17/2014): 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): 263-272.

Decision rationale: According to the ACOEM guidelines, wrist splints may be used for carpal tunnel syndrome and wrist strains. Particular use of a Dynasplint is not mentioned. The Dynasplint had been used for range of motion management post-operatively. There is limited research to support the use of splints. The Dynasplint had been used for several months after the surgery. The indication for further use is not supported by the guidelines and is therefore not medically necessary.