

Case Number:	CM13-0059298		
Date Assigned:	12/30/2013	Date of Injury:	02/13/2013
Decision Date:	05/19/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/02/2013

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 Orthopedic Surgery 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 33-year-old female who sustained injuries to the bilateral wrists in a work related accident on 02/13/13. The clinical records provided for review include an electrodiagnostic study report of the upper extremities dated 05/14/13 documenting a normal study. The 10/28/13 clinical assessment documented a diagnosis of tenosynovitis of the right hand, bilateral wrist sprains and complaints of continued pain in the hands, wrists and digits. Objectively, there was full range of motion with full opposition of the digits. No other significant findings were noted. The recommendation was for bilateral volar wrist splints for replacement purposes. Work restrictions and medication management were also to be continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: BILATERAL VOLAR WRIST BRACE FOR THE LEFT AND RIGHT WRISTS:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, and 2013 Updates: forearm, wrist, and hand procedure - Splints

Decision rationale: The California MTUS and ACOEM Guidelines do not address wrist splints for this claimant's diagnosis. When looking at the Official Disability Guidelines, the request for splinting in this incidence would not be supported. At present, the documentation of the claimant's physical examination findings does not demonstrate any pertinent positive findings for the clinical assessment of tendinosis. Given the length of time since the claimant's injury and lack of objective findings on examination, there would be no indication to support continued immobilization for this individual. The Official Disability Guidelines typically only recommend the role of splinting for a diagnosis of structural injury including fracture. Given the above the requested treatment is not medically necessary and appropriate.