

Case Number:	CM13-0071819		
Date Assigned:	01/17/2014	Date of Injury:	04/01/2008
Decision Date:	05/30/2014	UR Denial Date:	12/07/2013
Priority:	Standard	Application Received:	12/30/2013

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 Arizona. 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 60-year-old male who sustained an injury to his left wrist on 4/1/2008 due to repetitive use. Over the next several years the patient had multiple procedures done on the wrist and hand. On April 18, 2013 the patient underwent an ulnar shortening osteotomy, a left wrist sixth dorsal compartment release and the application of the splint. The UR report documents that the patient continued to have tenderness over the area of the ulnar osteotomy. X-rays taken 6 months following the osteotomy showed that there was some bony healing at the osteotomy site. However, the treating physician did not feel that there was enough progress being made and he recommended removal of the fibrous nonunion portion of the osteotomy site and placement of a bone graft and it is at that time that the treating physician requested a custom-made splint.

IMR ISSUES, DECISIONS AND RATIONALES

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

CUSTOM MADE SPLINT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) FOREARM, WRIST, AND HAND (ACUTE & CHRONIC), PROCEDURE SUMMARY SPLINTS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), HAND AND WRIST FOREARM.

Decision rationale: In most cases splinting is preferable to casting in the treatment of the hand and wrist problems. In the treatment of arthritis of the hand and wrist, prefabricated wrist working splints are highly effective in reducing wrist pain after 4 weeks. In addition, unlike casts, splints can be removed for physical therapy or to engage in a functional restoration program. In this case, the patient was 3 months post-osteotomy and was considered to have a delayed union. The splint will augment the fixation but still allow a functional restoration program to be carried out. The patient and the physician need to work together to determine the daily wear pattern that maximizes benefits and minimizes inconvenience according to the patient's needs. Therefore, the medical necessity for a custom splint to augment the internal fixation of the ulnar osteotomy has been established.