

Case Number:	CM14-0009782		
Date Assigned:	02/21/2014	Date of Injury:	03/07/2013
Decision Date:	06/27/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/23/2014

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 & Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 49-year-old male with a reported date of injury on 03/07/2013. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with complaints of constant right wrist pain, weakness, and some decreased range of motion. Upon clinical evaluation, the injured worker was noted to have poor circulation, decreased range of motion, moderate spasm of the right trapezius, and moderate spasm of the right hand. The injured worker's x-ray of the right wrist dated 03/08/2013 revealed avulsion fractures of the trapezium and the triquetrum, resulting from a crush injury. According to the clinical note dated 10/31/2013, the injured worker participated in physical therapy and acupuncture. The injured worker rated his wrist pain at 4/10. The injured worker's diagnoses included right shoulder sprain/strain, right shoulder impingement syndrome, right carpal tunnel sprain/strain, and mild right carpal tunnel syndrome per EMG/NCV. The injured worker's medication regimen was not provided within the documentation available for review. The request for authorization for left thumb spica was submitted on 01/20/2014. The rationale for the request was not provided within the clinical information provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT THUMB SPICA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, ,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

Decision rationale: The California/ACOEM Guidelines recommend treatment with a splint in carpal tunnel syndrome. Splinting should be used at night and may be used during the day, depending upon activity. Any splinting or limitations placed on hand, wrist, and forearm activity should not interfere with total body activity in a major way. According to the MRI dated 10/01/2013, the injured worker had subchondral cyst formation. In addition, the median ulnar nerves were noted to be unremarkable. The clinical note dated 10/30/2013, the physician indicated that the right wrist range of motion was decreased and a negative Tinel's sign. The injured worker's diagnosis was mild right carpal tunnel syndrome. Rationale for the thumb spica was not provided within the documentation available for review. Rationale for the request was unclear as the injured worker was diagnosed with mild carpal tunnel syndrome possible with a negative Tinel's sign. In addition, the request as submitted failed to provide the frequency at which the left thumb spica was to be utilized. Therefore, the request for left thumb spica is not medically necessary.