

Case Number:	CM14-0100011		
Date Assigned:	07/28/2014	Date of Injury:	04/14/2006
Decision Date:	09/23/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/30/2014

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 Occupational 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 patient is a represented [REDACTED] employee who has filed a claim for chronic wrist pain reportedly associated with an industrial injury of April 14, 2006. Thus far, he has been treated with the following: analgesic medications; attorney representation; open reduction and internal fixation of the wrist fracture; a wrist support; and work restrictions. In a Utilization Review Report dated June 9, 2014, the claims administrator denied custom Orthoplast brace. The claims administrator invoked non-MTUS ODG Guidelines in its denial, despite the fact that the MTUS did address the topic. The applicant's attorney subsequently appealed. In a June 10, 2014 progress note, the patient reported persistent complaints of wrist pain. He was not working, it was acknowledged. Limited range of motion about the left wrist and left arm were noted. CT scanning of the left wrist was sought. The attending providers noted that the patient would likely be a candidate for either a partial fusion surgery involving the wrist or a more limited fusion surgery involving the wrist. A custom splint was apparently sought. Permanent work restrictions were renewed. On April 30, 2014, the attending provider again noted that the patient had a permanent 40-pound lifting limitation in place and that the applicant was not working with said limitation in place. Persistent pain about the wrist in question was noted. Well-preserved grip strength was noted about the left hand, ranging from 28 to 48 pounds versus 50 to 54 pounds about the right. Painful unlimited range of motion about the wrist and thumb were noted. Authorization was sought for a custom left wrist brace. The attending provider seemingly suggested that the wrist brace would provide the patient the support and protection he would likely need.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom orthoplast left wrist brace: 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)-Treatment Index, 12 Edition (web), 2014 Forearm, Wrist & Hand splints.

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

Decision rationale: The MTUS and MTUS-Adopted ACOEM Guidelines in Chapter 11 do not address the topic of wrist bracing for osteoarthritis of the wrist or hand, the diagnosis present here. As noted in the Third Edition ACOEM Guidelines Hands, Wrists, and Forearm Chapter, splinting is recommended for hand osteoarthritis symptoms which are insufficiently treated with medications, oral and/or topical. ACOEM notes that either prefabricated or custom-made orthosis may be utilized. In this case, the attending provider has seemingly suggested that the patient's wrist arthritis is quite advanced and seemingly aggravated any kind of motion. Provision of the brace in question for flares of wrist pain associated with wrist arthritis is indicated, appropriate, and supported by ACOEM. Therefore, the request for a custom orthoplast left wrist brace is medically necessary.