

Case Number:	CM14-0125657		
Date Assigned:	08/11/2014	Date of Injury:	05/30/2008
Decision Date:	09/16/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/08/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 46 year old female who sustained an injury to her right wrist on 05/30/08 while performing her usual and customary duties as a housekeeper. The injured worker was diagnosed with lateral epicondylitis that has resolved. The patient was fine for a month, and then the pain recurred at the right lateral greater than medial elbow. The injured worker was treated conservatively with activity modifications, work restrictions, and 3 injections that provided some improvement. It was noted that MRI was performed that showed "tendons stuck to bone". The injured worker subsequently underwent surgical intervention in the spring of 2012 followed by postoperative physical therapy. The injured worker stated that her right elbow lateral epicondylitis is better following the surgery and now just has medial right elbow pain. The injured worker stated that she has worn out her wrist splint and requests another, as it helps. The course has been gradually improving. Wrist pain is mild and characterized as sharp/stabbing located in the volar wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Volar cockup splint R wrist: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand chapter, Splints.

Decision rationale: The previous request was denied on the basis that the injured worker was previously certified for a volar cockup splint on 11/17/13. The injured worker continued to experience wrist pain and tingling with associated numbness into the fingers. However, the injured worker was supplied with a brace in November of 2013 and there was no indication that the brace provided was lost, broken, worn out, or no longer functioning properly. Since the injured worker was already supplied with a volar cockup brace, the prospective request for 1 volar cockup splint for the right wrist was non-certified. The clinical note dated 07/29/14 reported that the injured worker has worn out her wrist splint and requested another, as it helps reduce her pain. The course has been gradually improving and her wrist pain is now mild. Given this, the request for 1 volar cockup splint for the right wrist is indicated as medically necessary.