

Case Number:	CM14-0155483		
Date Assigned:	09/25/2014	Date of Injury:	02/01/2012
Decision Date:	10/31/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/23/2014

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, 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 45-year-old male who reported injuries after falling 20 feet from a ladder and landing face first on concrete on 02/01/2012. On 06/19/2014, his diagnoses included cervical spine strain, left shoulder sprain/strain, impingement and internal derangement; status post healed humeral neck fracture; history of thoracic spine pain; right wrist fracture; displaced comminuted articular fracture of the distal radius with undisplaced navicular fracture; styloid fracture with ulnar dominance; and gastritis due to medications. He reported occasional pain on the palmar aspect of his right hand rated 3/10 to 5/10. The pain radiated to his middle and ring fingers. He denied numbness or tingling and had mild weakness. Examination of the right wrist/hand revealed tenderness to palpation on the ulnar aspect. There was decreased sensation on the ulnar aspect of the right forearm and ulnar nerve territory of the left hand. He had a right distal ulnar hemi resection and stabilization with extensor carpi ulnaris on 06/06/2013. The treatment plan included the need for a right wrist splint to be used part time. There was no rationale included in this worker's chart for the requested brace. A Request for Authorization dated 07/01/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right wrist splint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 283-285.

Decision rationale: The request for right wrist splint is not medically necessary. The California ACOEM Guidelines recommend the use of functional bracing or splinting that will allow mobilization of the radial carpal joint while maintaining stabilization of a fracture is moderately recommended over traditional casting to immobilize the forearm and wrist for non-displaced or minimally displaced Colles' fractures. Braces are recommended for acute distal forearm fractures. This injured worker's reported injury occurred in 2012 and he had surgery in 2013. He is well past the acute phase of his reported injury. Additionally, the request did not specify whether this was a prefabricated or custom made brace. Furthermore, there was no size indicated in the request, or frequency of use. Therefore, this request for 1 right wrist splint is not medically necessary.