MAXIMUS Federal Services

Case Number:	CM14-0156059		
Date Assigned:	09/25/2014	Date of Injury:	08/10/2013
Decision Date:	12/10/2014	UR Denial Date:	08/28/2014
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 Orthopedic Surgery, has a subspecialty in Hand Surgery 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 31-year-old male who reported an injury on 08/10/2013. The mechanism of injury was not provided within the medical records. The injured worker's treatment history included physical therapy, CPM machine, and x-rays of the right hand. The injured worker was evaluated on 08/06/2014 and it was documented the injured worker was utilizing a CPM machine with associated home exercises. The injured worker reported that the CPM was not helping with MP movement of the little finger. Objective findings revealed right dorsal hand: the wounds were healing nicely with no evidence of hypertrophy. There was no tenderness to palpation throughout. The diagnoses included FX metacarpal shaft, closed; joint stiffness NEC, hand; joint pain, hand. A Request for Authorization was submitted; however, it was incomplete.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dynamic splint stockinette purchase for the right hand: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 265-266.

Decision rationale: The request for dynamic splint stockinette purchase for the right hand is not medically necessary. Per MTUS/ACEOM states that when treating with splints in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day, depending upon activity. Support for iontophoresis and phonophoresis is limited. Activity alteration. Careful advice regarding maximizing activities within the limits of symptoms is imperative once red flags have been ruled out. Any splinting or limitations placed on hand, wrist, and forearm activity should not interfere with total body activity in a major way. Strict elevation can be done for a short period of time at regular intervals. The medical records submitted for review did not address the need for a stockinette in conjunction with dynamic splint use. Therefore, lacking medical rationale as to the need for stockinette, the request for dynamic splint stockinette purchase for the right hand is not medically necessary.