

Case Number:	CM14-0169390		
Date Assigned:	10/17/2014	Date of Injury:	04/11/2014
Decision Date:	11/24/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/14/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 38 year old female with an injury date of 04/11/14. Per the 09/17/14 report by [REDACTED], the patient presents with minimal pain on the right wrist and forearm. The patient has been working full duties. Examination is stated to be normal with minimal tenderness on the right wrist. The patient's diagnosis is right hand contusion with pain, which has significantly improved. The utilization review being challenged is dated 10/01/14. The rationale is that during early stages of recovery the request would be considered reasonable. After almost 6 months and after striking the dorsum of a hand and causing a contusion this over the counter device is unlikely to be considered medically necessary. Reports were provided from 04/12/14 to 09/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elastic-type Band to help with comfort: Overturned

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

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 Exercises Topic

Decision rationale: The patient presents with minimal, significantly improved pain on the right wrist and forearm. The treater presents for Elastic-type band to help with comfort. ODG guidelines Forearm, Wrist and Hand Chapter Exercises Topic, states, "Recommended. Recommend specific hand and wrist exercises for range of motion and strengthening. Patients should be advised to do early passive range-of-motion exercises at home."The treater states in the 09/17/14 treatment plan, "Continue home exercise program and stretching and using ice. She should be able to use elastic type of band on the wrist for comfort." The oldest report provided is dated 04/12/14 and shows the patient was being treated for contusion of the right hand. In this case, home exercise for the hand and wrist is supported by ODG. The requested elastic-type band may be quite helpful in performing exercises at home. Recommendation is for authorization.