

Case Number:	CM14-0174506		
Date Assigned:	10/27/2014	Date of Injury:	08/14/2007
Decision Date:	12/03/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/21/2014

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 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 61-year-old female who reported a work related injury on 08/14/2007. The mechanism of injury reportedly occurred when the injured worker was removing a mask from a machine and another employee activated the machine, which caught the injured worker's hand. The injured worker's diagnoses consisted of chronic pain. The injured worker's past treatment was noted to include a right wrist arthroscopy on 03/01/2012, 21 sessions of occupational therapy, injections, right carpal tunnel release, and right thumb arthroplasty on 08/17/2014, as well as 21 sessions of physical therapy, EMG/NCS, and functional capacity evaluation. The injured worker's surgical treatment was noted to include right wrist arthroscopy on 03/01/2012, and a right carpal tunnel release and right thumb arthroplasty on 08/17/2012. The most recent clinical note dated 09/08/2014 was illegible. However, a secondary note dated 05/05/2014 noted that the patient developed pain to her right thumb. Prior examination, after she had underwent her surgery for an excisional arthroplasty of the trapezium of her right thumb, based on subjective and objective findings; the pain seemed to be within the sensory nerve distribution. Upon examination, she had some tenderness to palpation along the thumb dorsally from the metacarpal phalangeal joint all the way to the dorsal radial aspect of the wrist just proximal to the wrist crease. Most of the tenderness seemed to be within the space where the trapezium was removed. When motion was applied, and pressure was applied into the scaphoid as well as the scaphotrapezial joint from the metacarpal, and there was no grinding elicited. The injured worker's prescribed medications were not provided for review. The treatment plan was for a custom made right volar wrist control splint. The rationale for the request was not provided for review. A Request for Authorization form was submitted for review on 09/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Made Right Volar Wrist Control Splint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Forearm, Wrist and Hand Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Forearm, Wrist, & Hand, Splints

Decision rationale: The California MTUS/ACOEM does not specifically address custom splints. However, The Official Disability Guidelines states, splints may be recommended for treating displaced fractures. Immobilization is standard for fracture healing, although patient satisfaction is higher with splinting rather than casting. Treating fractures of the distal radius with casting versus splinting has no clinical difference in outcome. A small splint for pain relief during the day combined with a custom made and rigid splint for prevention of deformities at night may be an optional regimen. However, within the guidelines there are no particular recommendations for a custom volar splint. Additionally, there is no evidence as to why the injured worker needed a custom splint. Therefore, the request for custom made right volar wrist control splint is not medically necessary.