

<b>Case Number:</b>	CM14-0175499		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	09/25/2012
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 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:

This patient is a 34 year old female with an injury date of 9/25/12. Based on the 10/10/14 report by [REDACTED], this patient continues to complain of "left wrist pain" and "she is not certain whether she is benefiting from therapy." Exam of left wrist reveals "tenderness over the first and second compartments" with "full flexion extension" and negative Watson's. Workups to date: 10/05/12: Open reduction internal fixation left distal radius fracture; 2/25/13: Remove of hardware, left distal radius-[REDACTED]; 5/13/13: MRI left wrist: central TFCC tear; 6/04/13: Injection left ulnar wrist/ECU/TFCC; 8/19/13: Left wrist arthroscopy and TFCC repair-Johnson; 1/02/14: MRI left wrist s/p TFCC repair: no specific edema in distal ulna and scapholunate/lunotriquetral ligaments intact, lunate without edema; 1/29/14: Corticosteroid injection left first dorsal compartment; 7/14/14: Left 1st dorsal compartment release, excision of ring finger EDC cyst-[REDACTED]. Work status: Return to full duty on 10/17/14 with no limitations or restrictions. The utilization review being challenged is dated 10/10/14. The request is for a Neoprene thumb Spica L3919 x1 and continued post-operative therapy twice a week for four weeks (8 total sessions). The request for the Spica splint was non-certified as "patient's file indicates she has already received a Spica splint from [REDACTED] on both 3/13/14 and another on 7/18/14." The request for to continue therapy was modified, to allow for 2x3 = 6 additional visits as up to 18 session are allowed for this patient's post-op diagnosis. The requesting provider is [REDACTED], who provided various reports from 3/13/14 to 10/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neoprene thumb spica L3919 x1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265, 272. Decision based on Non-MTUS Citation Official Disability Guidelines: Hand Chapter, Splints

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265, 272.

**Decision rationale:** According to ACOEM, initial treatment of carpal tunnel syndrome and De Quervain's tenosynovitis "should include night splints and day splints can be considered for patient comfort as needed to reduce pain, along with work modifications." The 3/13/14 report states: "Thumb spica splint dispensed" for this patient. Then, the 7/18/14 post-op progress note states: "The patient will continue use of a splint." Most recently, physical therapy notes from the 9/30/14 visit indicate: "Patient purchased a comfort cool thumb spica brace, which provided immediate support and relief at the wrist." Furthermore, the 10/17/14 work status for this patient is: "Left wrist is sufficiently recovered from surgery and is safe to resume usual duties," with "no limitations or restrictions." The request for a third thumb Spica splint is duplicative and not medically necessary.

**Continued postoperative therapy twice a week for four weeks (8 total sessions):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-266, 271. Decision based on Non-MTUS Citation Official Disability Guidelines: Hand Chapter, Physical/Occupational therapy

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18-20.

**Decision rationale:** This patient presents with ongoing left wrist pain. The treating physician requests to continue post-op therapy 2x4, Qty: 8. MTUS post-surgical guidelines for ganglion and cyst of synovium, tendon, and bursa allow for 18 visits over 6 weeks. The 10/10/14 peer review notes state: "This patient has completed 12 sessions of physical therapy for her post-operative left wrist and hand." However, review of submitted documents note 10 post-operative therapy visits as of 9/30/14. While the 10/10/14 progress note indicates this patient "is not certain whether she is benefiting from therapy," this patient still complains of left wrist pain. A short course of 8 additional post-operative therapy sessions seems reasonable, with instructions to transition to self-directed home exercises. The recommendation is that the request is medically necessary.