

<b>Case Number:</b>	CM14-0185295		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	01/01/2007
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Occupational 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:

This patient is a 61 year old female who developed chronic left hand and wrist problems subsequent to an injury dated 1/01/07. She has been diagnosed with Carpometacarpal (CMC) arthritis, carpal tunnel syndrome, ulnar impaction syndrome and a Triangular Fibrocartilage Complex (TFCC) tear. She has been treated with surgery for the 1st CMC arthritis. She has had a recent flare in her symptoms due the ulnar sided problems. A course of therapy and splint has been recommended by the treating physician, who is a hand specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hard/Soft Splint for the left wrist:** Overturned

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

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

**Decision rationale:** MTUS Guidelines support the limited use of splinting for hand/wrist problems of this nature. This patient has an acute flare-up of an ongoing wrist issue. The recommendation of splinting for the flare-up is consistent with Guidelines. The soft/hard wrist splint is medically necessary.

