

<b>Case Number:</b>	CM14-0036945		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/12/2013
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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, 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 21 year-old female who was reportedly injured on September 12, 2013. The mechanism of injury is noted as laceration involving the thumb. The most recent progress note dated February 20, 2014, indicates there are ongoing complaints of symptoms of thumb pain. The physical examination demonstrated no specific findings. The diagnostic imaging studies are not presented for review. Previous treatment includes rest, wound care and topical compounded preparations. A request was made for wrist brace and was not certified in the pre-authorization process on February 26, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right wrist brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264. Decision based on Non-MTUS Citation Official Disability Guidelines, forearm, wrist, and hand, chapter: splints.

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

**Decision rationale:** The medical records presented for review indicate there is a laceration on the distal aspect of the right thumb. This is distal to the metacarpophalangeal (MCP) joint.

Furthermore, there is no indication of any involvement of the ligament, joint capsule or anything other than the superficial structures. There is no noted indication presented for the need for immobilization. Therefore, based on the very limited medical records, the medical necessity was not established. The request is not medically necessary and appropriate.