

Case Number:	CM14-0043247		
Date Assigned:	06/20/2014	Date of Injury:	10/16/2013
Decision Date:	08/19/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/17/2014

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 Pain Management 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 is a 53-year-old patient diagnosed with unspecified closed fracture of carpal bone following an industrial injury on 10/16/2013. Injury occurred while the patient was unloading a truck full of merchandise when he lost his balance, falling 4 feet off the ramp and landing on his right hand. The patient underwent surgery on 11/08/13. According to an operative report, an attempted open reduction and internal fixation failed and could not achieve reduction. The internal fixation procedure was aborted and an external fixator applied. This was subsequently removed on 12/18/13. The patient underwent one-month postoperative physical therapy after the external fixator was removed. Orthopedic evaluation dated 02/24/14 noted on physical examination the patient had moderately restricted range of motion at the wrist, but fairly good for just 3-4 weeks following his latest surgery. He was able to extend about 25, flex to 30, deviate 10 radially and 20 ulnarly, and rotate both pronation and supination to about 50. Motion in the wrist was fairly smooth with evidence of carpal or distal radial ulnar joint instability. There was still slight to moderate edema throughout the distal forearm and wrist. He reported slight pain with both active and passive movement. A structured Occupational Therapy program was recommended. A request for Dynasplint for the right wrist (unspecified duration) was non-certified as a utilization review on 03/06/14. The reviewing physician noted that limited motion was identified on exam, but per the records, the provider was recommending occupational therapy and not splinting. It was noted these issues need to be clarified for further consideration of any requests. There was contradictory information in the records as to which path of treatment was being followed and who in fact is the supervising primary treating physician or supervising consultant. Most recent primary treating physician progress report (PR-2) dated 05/02/2014 indicates the patient has intermittent dull and achy pain, worse at bedtime. Patient reports intermittent tingling in the left shoulder and increased tension at the bilateral trapezius.

Bilateral shoulder range of motion is okay with some achy pain. The patient also reported tingling in the left shoulder. There was minimal pain to the lumbar spine. Right wrist examination revealed limited range of motion, as well as stiffness and feeling very tight. Physical examination demonstrated the patient showed improvement in making a fist on the right. Plan was to continue on his hand therapy. MRI of the right wrist performed on 05/22/14 revealed an acute fracture of the distal radius, mildly displaced. There was moderate joint space narrowing with increased signal involving the lunate, possibly secondary to extensive bone bruising; however, fracture could not be completely excluded. There was also mild to moderate increased signal involving the scaphoid bone, also possibly secondary to bone bruising and contusion. There was severe increased signal involving the trapezium bone in the base of the first metacarpal, which may be secondary to degenerative changes versus a fracture. There were mild to moderate degenerative changes noted. There was mild increased signal in the region of the radial ulnar joint, which may represent triangular fibrocartilage complex tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

DYNASPLINT FOR RIGHT WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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, Static Progressive Stretch (SPS) Therapy.

Decision rationale: In this case, the patient has a history of right wrist fracture with subsequent surgery. The patient participated in postoperative physical therapy, and on 02/24/14, physical examination revealed moderately restricted range of motion at the wrist, but fairly good for just 3-4 weeks following his latest surgery. He was able to extend about 25, flex to 30, deviate 10 radially and 20 ulnarly, and rotate both pronation and supination to about 50. On the most recent progress note dated 05/02/14, physical examination demonstrated the patient showed improvement in making a fist on the right. Wrist range of motion was decreased. Plan was to continue with hand therapy. It does not appear the patient has a significant reduction in range of motion or contractures, and the patient continues to participate in conservative therapy of Occupational/Hand Therapy with noted progress. Additionally, the current request does not specify duration of use for the requested Dynasplint. Therefore, Dynasplint for the right wrist (unspecified duration) is not medically necessary.