

Case Number:	CM14-0051052		
Date Assigned:	07/09/2014	Date of Injury:	07/05/2013
Decision Date:	08/26/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/18/2014

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 Geriatrics and is licensed to practice in New York. 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 60 year old woman with a date of injury of 7/5/13. She was seen by her primary treating physician on 1/13/14 and was said to be doing extremely well status post-surgery in 11/13 (excisional arthroplasty, left trapezium and release of first dorsal compartment.) She also has a diagnosis of right osteoarthritis of the metacarpotrapezial joint with DeQuervain's tenosynovitis. She had excellent range of motion, good strength and significant improvement in pain on the left. She had pain at the right thumb with a positive and painful grind test. Her grip strength was 30, 28 and 26 kg on the right and 30, 30 and 32 kg on the left. The provider requested authorization for surgery on the right and noted she would require physical therapy and post-operative splinting. This review is for the request of a forearm based custom splint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Forearm-Based Custom Splint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment for Worker's Compensation, Online Edition Chapter: Foreman, Wrist, and Hand Trapeziectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253 - 272.

Decision rationale: This old injured worker has hand pain with an injury sustained in 2011. Splinting can be used as a first line conservative treatment for carpal tunnel syndrome and DeQuervain's and strains but there is less convincing evidence to support the use of prolonged splinting or prolonged post-operative splinting due to risk of weakness and stiffness. This injured worker will receive physical therapy as a modality post-operatively to improve range of motion and strength. Concurrent splinting which could cause weakness and stiffness is not supported in the medical records. The records do not substantiate that a forearm-based custom splint is medically necessary at this point in her treatment or will improve her functional status.