

Case Number:	CM14-0071690		
Date Assigned:	07/16/2014	Date of Injury:	04/25/2013
Decision Date:	09/26/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/19/2014

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 Mississippi. 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 22-year-old gentleman who was reportedly injured on April 25, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated April 4, 2014, indicates that there are ongoing complaints of left wrist pain. Current medications include Tramadol and ibuprofen. The physical examination demonstrated decreased range of motion of the left wrist and a positive scaphoid shift test. Diagnostic imaging studies of the left-hand demonstrated in mid diaphyseal fracture of the left second metacarpal. The subsequent magnetic resonance image demonstrated a tear of the left scapholunate interosseous ligaments and a tear of the dorsal radial attachment of the left triangular fibrocartilage complex. Previous treatment is unknown. A request was made for a hot/cold Aqua relief system and was not certified in the pre-authorization process on April 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua relief system heat/cold unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-268.

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, Hand, Cold Packs, Updated August 8, 2014.

Decision rationale: According to the Official Disability Guidelines (ODG) the application of cold packs for the first few days after an acute injury is indicated and thereafter applications of heat therapy should be used. Considering this, there is no indication for additional heat/cold equipment. Therefore, this request for an aqua relief heat/cold system unit for purchase is not medically necessary.

Universal wrist brace for the left wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-268.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.hss.edu/golfportal/tfcc-sprain-tears-in-the-golfer.htm>.

Decision rationale: According to the magnetic resonance image of the injured employee's wrist there is a tear of the scapholunate interosseous ligament as well as a tear of the dorsal aspect of the triangular fibrocartilage complex (TFCC). Splinting and bracing is recommended for initial treatment of TFCC injuries. As such, this request for universal wrist brace for the left wrist is medically necessary.