

Case Number:	CM14-0074681		
Date Assigned:	07/16/2014	Date of Injury:	12/22/2004
Decision Date:	08/28/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/22/2014

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 claimant is a 54-year-old gentleman who injured the right hand in a work related accident on 12/22/04. The clinical records provided for review include a progress report of 04/25/14 noting hand complaints involving the first dorsal extensor compartment consistent with De Quervain's tenosynovitis. Physical examination findings on that date showed a positive Finkelstein test, tenderness over the first CMC joint, and a positive grind test. Given the claimant's ongoing symptoms, the recommendation was made for a custom Orthoplast splint for the right wrist as over the counter splinting had failed. The documentation for review did not include any other forms of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Thumb Spica Orthoplast Splint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013 Updates: forearm, wrist, hand procedure.

Decision rationale: The California MTUS and ACOEM Guidelines do not address this request. The Official Disability Guidelines do not support the request for custom splinting for this claimant. While splinting can be utilized for De Quervain's tenosynovitis, the Official Disability Guidelines do not recommend custom splinting for the diagnosis, particularly in absence of other forms of conservative care including medication management, injection therapy or physical therapy modalities. It states this individual has already failed splinting. In the absence of documentation that splinting provided the claimant with significant benefit, the role of a custom device for this claimant's underlying diagnosis is not medically necessary.