

Case Number:	CM14-0078941		
Date Assigned:	07/18/2014	Date of Injury:	03/19/2014
Decision Date:	10/08/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/29/2014

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 58 year old male with a reported date of injury of 03/19/2014. The mechanism of injury reportedly occurred when his finger was smashed by a tailgate. The diagnoses included open fracture of distal phalanx. The past treatment included pain medication and suture repair. The X-rays performed on 04/09/2014 revealed a healing non-displaced distal phalanx fracture of the fourth digit on the left. There was no relevant surgical history noted in the records. On 04/10/2014, the subjective complaints consisted of left ring finger pain. The physical examination noted decreased range of motion and decreased strength rated 4/5 to the left ring finger. The medications consisted of Ibuprofen. The plan was to continue with range of motion exercise and order new x rays. The rationale and the request for authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stack Splint for purchase: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG - Forearm, Wrist, and Hand

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, Splints.

Decision rationale: The request for Stack Splint for purchase is medically necessary. The Official Disability Guidelines state a small splint for pain relief during the day combined with a custom-made and rigid splint for prevention of deformities at night may be an optimal regimen. The notes document that the injured worker had a well healing non-displaced fracture, however he still has pain with daily activities especially if the finger is bumped. The guidelines support a small splint for pain relief during the day. As the guidelines support a small splint for pain relief the request is appropriate. As such, the request for Stack Splint for purchase is medically necessary.