

Case Number:	CM14-0098977		
Date Assigned:	07/28/2014	Date of Injury:	04/27/2014
Decision Date:	08/29/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/27/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 23 year-old female was reportedly injured on 4/27/2014. The mechanism of injury is noted as trauma of the right hand/digits. The claimant underwent right middle/index finger laceration exploration, irrigation/debridement and repair on 5/2/2014. The previous utilization review references a progress note dated 5/7/2014, but that progress note is not provided for this independent medical review. The reviewer indicates that the progress note documented the claimant's wounds were healing; range of motion was significant diminished; neurovascular intact. Review of the hand surgery initial consultation dated 5/1/2014 documents plain radiographs of the right hand: tuft avulsion fractures. Diagnosis: right index/middle finger laceration and tuft fracture with possible flexor tendon involvement. Previous treatment includes right hand surgery, occupational therapy and medications. A request had been made for custom made splint and prefabricated splint and was not certified in the utilization review on 6/6/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

custom made splint and prefabricated splint: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand updated 02/18/14.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-266.

Decision rationale: ACOEM practice guidelines recommend protecting splinting of the distal phalanx after an acute tuft fracture. A review of the available medical records, documents middle and index finger trauma which resulted in lacerations and acute tuft fractures. As such, this request is considered medically necessary.