

Case Number:	CM14-0207073		
Date Assigned:	12/19/2014	Date of Injury:	04/03/2014
Decision Date:	02/12/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/10/2014

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 Family Practice 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 patient is a 56-year-old female who sustained an industrial injury on April 3, 2014 at which time she slipped and fell on the floor. She is diagnosed with right de Quervain's and carpal tunnel syndrome. The patient was seen on June 3, 2014 at which time she underwent an injection into the right first dorsal compartment and she was provided with a thumb spica splint. The patient is noted to be on temporary partial disability with restrictions of no forceful gripping or grasping with the provision that she must wear a protective splint at work. The patient was seen on December 2, 2014 at which time she continued to complain of pain in the first dorsal compartment with positive Finkelstein's test as well as numbness into the right hand with positive Tinel's and positive Phalen's. Grip strength in kilograms on the right measures 11, 11, 9 and on the left 24, 25, 25. Nerve conduction study is awaited. The patient continues to work on light duty capacity. She is diabetic. Because of the patient's significant pain in the first dorsal compartment, she was offered and acquiesced to a second injection for the first dorsal compartment and a new thumb spica splint was provided. Utilization Review dated 12/10/14 non-certified the request for new prefab splint to right wrist. The prior peer reviewer noted that there is no clinically significant improvement in activities of daily living or reduction in work restrictions as measured during the history and physical examination, or a reduction in the dependency on continued medical treatment out of the use of the prior splint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase one 1 new Prefab Splint to right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the CA MTUS ACOEM guidelines, splinting is recommended as the first-line conservative treatment for CTS, DeQuervain's, strains, and others for forearm, wrist, and hand complaints. In this case, the medical records indicate that the patient was provided a splint for the diagnosis of DeQuervain's on 6/3/14. The medical records indicate that the patient was provided a second splint for the diagnosis of DeQuervain's on 12/2/14. There is no indication in the medical records of why a second splint is requested. There is also no evidence of objective functional improvement from usage of the first splint given to the patient on 6/3/14. The request for Purchase one 1 new Prefab Splint to right wrist is therefore not medically necessary.