

<b>Case Number:</b>	CM14-0076968		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	06/12/2012
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 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 patient is a 66-year-old female who has submitted a claim for status post release of right first and second dorsal compartment, and lumbar disc degeneration associated with an industrial injury date of 6/12/2012. Medical records from 2013 to 2014 were reviewed. The patient complained of persistent right wrist pain. She was unable to bend her wrist leading to difficulty in pushing carts at work. She reported that the pain worsened with the use of Jazz splint. Physical examination of the right wrist showed limited wrist flexion, softening of scar, tenderness at the TFC with increased ulnar deviation, absence of swelling, positive Tinel's sign, and negative Finkelstein's test. Treatment to date has included right de Quervain's release on 10/17/2013, physical therapy, activity restrictions and medications. The utilization review from 4/25/2014 denied the requests for ergonomic gripper, aqua therapy, red theraband and theraband handles because of no indication that the above equipment is superior to over-the-counter grip strength exercisers that are more cost-effective. The reason for the denial of Lantz static wrist splint was not disclosed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ergonomic Gripper:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Durable Medical Equipment

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Durable medical equipment (DME)

**Decision rationale:** The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee Section was used instead. It states that durable medical equipment (DME) is defined as a device that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. DME includes bathroom and toilet supplies, assistive devices, TENS unit, home exercise kits, cryotherapy, orthoses, cold/heat packs, etc. In this case, the patient complained of persistent right wrist pain status post right de Quervain's release on 10/17/2013. Symptoms persisted despite physical therapy, activity restrictions and medications. She was unable to bend her wrist leading to difficulty in pushing carts at work. She reported that the pain worsened with the use of Jazz splint. Physical examination of the right wrist showed limited wrist flexion, softening of scar, tenderness at the TFC with increased ulnar deviation, absence of swelling, positive Tinel's sign, and negative Finkelstein's test. However, there is no documented rationale for an ergonomic gripper. The patient has been performing exercises at home and there is no discussion concerning how the equipment can further assist the patient in addressing her residual deficits. The medical necessity cannot be established due to insufficient information. Therefore, the request for ergonomic gripper is not medically necessary.

**Aqua Theraputty:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Durable Medical Equipment

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Durable medical equipment (DME)

**Decision rationale:** The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee Section was used instead. It states that durable medical equipment (DME) is defined as a device that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. DME includes bathroom and toilet supplies, assistive devices, TENS unit, home exercise kits, cryotherapy, orthoses, cold/heat packs, etc. In this case, the patient complained of persistent right wrist pain status post right de Quervain's release on 10/17/2013. Symptoms persisted despite physical therapy, activity restrictions and medications. She was unable to bend her wrist leading to difficulty in pushing carts at work. She reported that the pain worsened with the use of Jazz splint. Physical examination of the right wrist showed limited wrist flexion, softening of

scar, tenderness at the TFC with increased ulnar deviation, absence of swelling, positive Tinel's sign, and negative Finkelstein's test. However, there is no documented rationale for an Aqua Theraputty. The patient has been performing exercises at home and there is no discussion concerning how the equipment can further assist the patient in addressing her residual deficits. The medical necessity cannot be established due to insufficient information. Therefore, the request for Aqua Theraputty is not medically necessary.

**Red Theraband:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Durable Medical Equipment

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Durable medical equipment (DME)

**Decision rationale:** The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee Section was used instead. It states that durable medical equipment (DME) is defined as a device that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. DME includes bathroom and toilet supplies, assistive devices, TENS unit, home exercise kits, cryotherapy, orthoses, cold/heat packs, etc. In this case, the patient complained of persistent right wrist pain status post right de Quervain's release on 10/17/2013. Symptoms persisted despite physical therapy, activity restrictions and medications. She was unable to bend her wrist leading to difficulty in pushing carts at work. She reported that the pain worsened with the use of Jazz splint. Physical examination of the right wrist showed limited wrist flexion, softening of scar, tenderness at the TFC with increased ulnar deviation, absence of swelling, positive Tinel's sign, and negative Finkelstein's test. However, there is no documented rationale for a red Theraband. The patient has been performing exercises at home and there is no discussion concerning how the equipment can further assist the patient in addressing her residual deficits. The medical necessity cannot be established due to insufficient information. Therefore, the request for red Theraband is not medically necessary.

**Theraband Handles:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Durable Medical Equipment

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Durable medical equipment (DME)

**Decision rationale:** The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee Section was used instead. It states that durable medical equipment (DME) is defined as a device that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. DME includes bathroom and toilet supplies, assistive devices, TENS unit, home exercise kits, cryotherapy, orthoses, cold/heat packs, etc. In this case, the patient complained of persistent right wrist pain status post right de Quervain's release on 10/17/2013. Symptoms persisted despite physical therapy, activity restrictions and medications. She was unable to bend her wrist leading to difficulty in pushing carts at work. She reported that the pain worsened with the use of Jazz splint. Physical examination of the right wrist showed limited wrist flexion, softening of scar, tenderness at the TFC with increased ulnar deviation, absence of swelling, positive Tinel's sign, and negative Finkelstein's test. However, there is no documented rationale for Theraband handles. The patient has been performing exercises at home and there is no discussion concerning how the equipment can further assist the patient in addressing her residual deficits. The medical necessity cannot be established due to insufficient information. Therefore, the request for Theraband handles is not medically necessary.

**Lantz Static wrist 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 - Durable Medical Equipment; Static Progressive Stretch (SPS) Therapy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 156.

**Decision rationale:** According to pages 156 of the ACOEM Practice Guidelines referenced by California MTUS, wrist splinting is recommended for moderate or severe acute or subacute wrist sprains; neutral wrist splinting as a first-line treatment for acute, subacute, or chronic ulnar nerve compression at the wrist; and splinting for acute flares or chronic hand osteoarthritis. There is no recommendation on splinting for acute or subacute non-specific hand, wrist, or forearm. Wrist splints encourage lack of mobility which likely impairs or delays recovery with potentially increasing risk of complex regional pain syndrome, debility and delayed recovery. There are limited indications for splints in patients with select diagnoses generally involving more extensive surgical procedures or other needs to utilize splints for protective purposes. In this case, the patient complained of persistent right wrist pain status post right de Quervain's release on 10/17/2013. Symptoms persisted despite physical therapy, activity restrictions and medications. She was unable to bend her wrist leading to difficulty in pushing carts at work. Physical examination of the right wrist showed limited wrist flexion, softening of scar, tenderness at the TFC with increased ulnar deviation, absence of swelling, positive Tinel's sign, and negative Finkelstein's test. She reported that the pain worsened with the use of Jazz splint due to its stretching effect. The medical necessity for a static wrist splint has been established to protect the wrist in a post-operative patient. Therefore, the request for Lantz static wrist splint is medically necessary.

