

Case Number:	CM15-0015443		
Date Assigned:	02/03/2015	Date of Injury:	12/19/2013
Decision Date:	04/03/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 40 year old female, who sustained an industrial injury on December 19, 2013. She has reported that she tripped over a bolt, falling forward, landing on her left arm and hitting her mouth against the floor. The diagnoses have included left radial head fracture status post left radial head open reduction internal fixation in January 2014 and Essex-Loprestin injury with distal radioulnar joint instability status post left wrist arthroscopy with arthroscopic repair of peripheral triangular fibrocartilage complex ligament tear in May 2014. Treatment to date has included left wrist arthroscopy on May 27, 2014, physical therapy, occupational therapy, and medications. Currently, the injured worker complains of left wrist pain, numbness, and tingling. The Treating Physician's report dated October 24, 2014, noted mild diffuse tenderness over the left wrist, neurovascularly intact distally. The left wrist was noted to have no palpable DRUJ instability with manipulation, no snuffbox tenderness, no scapholunate tenderness, and no lunotriquetral tenderness. On December 24, 2014, Utilization Review non-certified a left wrist brace, noting that there were no objective findings on exam or rationale for the use of bracing, no documentation of instability, and no documentation of the type of brace being requested. The MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines and the Official Disability Guidelines (ODG) were cited. On January 27, 2015, the injured worker submitted an application for IMR for review of a left wrist brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Wrist Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Splints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262-264, 268-269, Chronic Pain Treatment Guidelines Forearm Wrist Hand, Splint.

Decision rationale: MTUS is silent with regards to wrist brace. ACOEM states regarding wrist immobilization, "Splinting of wrist in neutral position at night & day" may be indicated for carpal tunnel syndrome and "Limit motion of inflamed structures with wrist and thumb splint." ACOEM further states "Limit motion of inflamed structures" for tendinitis and tenosynovitis, but does not specify with splinting. Medical records do not indicate a diagnosis of carpal tunnel syndrome. Additionally, the "wrist pain" described is not specific for tenosynovitis or tendinitis and is related to her post operative pain and is significantly improved. ODG refers to splinting section for braces, "Recommended for treating displaced fractures. Immobilization is standard for fracture healing although patient satisfaction is higher with splinting rather than casting." "Following tendon repair: Recovery of finger function after primary extensor tendon repair depends on the complexity of trauma and the anatomical zone of tendon injury. Static splinting is an appropriate tool after primary extensor tendon repair in Verdan's zone 1, 2, 4 and 5, whereas injuries in zones 3 and 6 may demand for a different treatment regimen." "Arthritis: A recent randomized controlled study concluded that prefabricated wrist working splints are highly effective in reducing wrist pain after 4 weeks of splint wearing in patients with wrist arthritis." "For rheumatoid arthritis, there was generally a positive effect of splint use on hand function; however, perceived splint benefit was marginal. For most tasks splint use improved or did not change pain levels, did not interfere with work performance, increased or maintained endurance, and did not increase perceived task difficulty." In this case, the patient is status post ORIF on 1/14 ad TFCC repair 5/14. Per the treating physician on 10/24/14, the patient has reached maximal medical improvement. There are no extenuating circumstances requiring prolonged splinting. As such, the request for left wrist brace is not medically necessary.