

Case Number:	CM15-0164390		
Date Assigned:	09/01/2015	Date of Injury:	06/10/1998
Decision Date:	10/05/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/21/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 49 year old male who sustained an industrial injury on 6-10-98. He had right hand pain and was diagnosed with crush injury of right hand. Progress report dated 6-8-15 reports complaints of pain with gripping and handshaking. His small right finger is swollen and there is motion at the joint. He has motion at the fusion site with pain. Diagnoses include: Post-traumatic arthritis right small PIP and non-union right small fusion. Plan of care: redo fusion with BG and pins. Work status: continue regular work.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Compression glove: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, National Guidelines Clearing House.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter and pg 16.

Decision rationale: Although the hand chapter doesn't discuss compression, the knee chapter in the guidelines do. In this case, the claimant had a crush injury and chronic edema. Using a compression garment is appropriate and may have indefinite need. The request is medically necessary.

1 Wrist brace: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, & Hand (Acute & Chronic).

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

Decision rationale: According to the guidelines, wrist immobilization is recommended for treatment of carpal tunnel or DeQuervai's/strains, etc. Prolonged immobilization is optional and can lead to stiffness. In this case, the claimant had a prior fusion, but no diagnoses of the above. Length of use was not specified. A result, the request is not justified and not medically necessary.