

Case Number:	CM15-0168198		
Date Assigned:	09/08/2015	Date of Injury:	02/17/2015
Decision Date:	10/13/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/26/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 36 year old, male who sustained a work related injury on 2-17-15. The diagnoses have included fracture of both bones of left forearm, status post open reduction and internal fixation of ulna and closed reduction of left radius is in good position. He is currently being treated for post-operative care for left forearm fractures. Treatments in the past include left forearm surgery (2-24-15) and casting of left forearm post surgery. Current treatments include removal of his left forearm cast. Medications he is currently taking include none documented. In the progress notes dated 6-11-15, the injured worker reports his left forearm is feeling good. On physical exam, the cast from left forearm was removed at this office visit. He is about 16 weeks post-operative from left forearm surgery. Range of motion of left wrist is somewhat limited with supination and pronation. His neurological exam of left arm is intact. The skin wound is well healed. He is not working. The treatment plan includes recommendations for a left forearm orthotic and left arm physical therapy. The Request for Authorization, dated 7-17-15, requests a left forearm brace and physical therapy to strengthen left arm. The Utilization Review, dated 8-12-15, non-certified the left forearm brace stating the ulnar positive deformity is not correctable by bracing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left forearm brace: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods.

Decision rationale: Based on the 7/23/15 progress report provided by the treating physician, this patient presents with left foot pain over mid-tarsal area, and pain on the left wrist with extension. The treater has asked for LEFT FOREARM BRACE but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p ORIF of left ulna and closed reduction of the left radius per 2/24/15 operative report. The cast was removed from his left forearm, with motion of the wrist limited in pronation and supination but neurologically intact on 6/11/15 report. The patient was 16 weeks s/p fracture of left forearm and the radius fracture has been delayed in healing, hence, his casting of the left forearm area. The patient has been out of his cast for "a period of time" and states that he has no significant pain in the forearm on the left side per 7/23/15 report. The patient's work status is temporarily totally disabled as of 7/23/15 report. MTUS/ACOEM Guidelines, Chapter 11, page 265 states, "When treating with splints and CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting would be used at night and may be used during the day depending upon activity." The treater does not discuss this request in the reports provided. In this case, the patient is status post ORIF from 2/24/15 and it appears treater is requesting braces for the management of this patient's left wrist swelling. ODG recommends such conservative interventions for daytime and nighttime usage. This patient presents with no pain in the left forearm but has some residual left wrist pain with extension. Physical exam on 7/23/15 showed "Sensation is intact, and vascular supply is normal. He does have minimal swelling over the distal radioulnar area of the left wrist." The treater is requesting the use of a forearm brace for post-operative immobilization due to pain/swelling in the left wrist which is reasonable. Therefore, the request IS medically necessary.