

Case Number:	CM15-0184218		
Date Assigned:	09/24/2015	Date of Injury:	08/28/2013
Decision Date:	11/06/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/18/2015

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: Texas, 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 25-year-old female who sustained an industrial injury 08-28-13. A review of the medical records reveals the injured worker is undergoing treatment for left wrist sprain, left upper extremity sprain with myofascial pain syndrome. Medical records (09-01-15) reveal the injured worker complains of upper extremity pain rated at 3-4/10. The physical exam (09-01-15) reveals discrete tender trigger points over her neck and scattered over the upper extremities. Tenderness is mainly over the radial ulnar aspect of the wrist. Motor and sensation are intact. Prior treatment includes deep tissue myofascial therapy, home exercise program, hand therapy, acupuncture, and a cortisone injection. The left wrist MRI (07-31-15) showed slight positive ulnar variance, the triangular fibrocartilage is intact, and the intercarpal ligaments are intact. No evidence of fracture, contusion or subluxation was seen. The original utilization review (09-10-15) non-certified the request for a wrist widget. The patient had received an unspecified number of PT and acupuncture visits for this injury. The patient has had history of Gastritis and H pylori infection. The medication list includes Omeprazole and Voltaren Gel. The patient has had history of narcolepsy. The patient had used a TENS unit for this injury. The patient has had an EMG of upper extremity on 1/27/15 that revealed no radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

One wrist widget (splint): Upheld

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Chapter, Immobilization (treatment), Splints.

Decision rationale: According to the ACOEM guidelines, any splinting or limitations placed on hand, wrist, and forearm activity should not interfere with total body activity in a major way. Strict elevation can be done for a short period of time at regular intervals. In addition, splinting is not recommended as a primary treatment for undisplaced fractures or sprains, but recommended for displaced fractures. Immobilization is standard for fracture healing although patient satisfaction is higher with splinting rather than casting. The left wrist MRI (07-31-15) showed slight positive ulnar variance, the triangular fibrocartilage is intact, and the intercarpal ligaments are intact. Evidence of displaced fractures was not specified in the records provided. The patient had received an unspecified number of PT and acupuncture visits for this injury. A detailed response to this conservative therapy was not specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. Therefore, the request is not medically necessary.