

<b>Case Number:</b>	CM15-0187589		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	06/24/2014
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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, Virginia, North Carolina  
 Certification(s)/Specialty: Plastic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 32-year-old male with a date of industrial injury 6-24-2014. The medical records indicated the injured worker (IW) was treated for right triangular fibrocartilage complex-foveal tear; right de Quervain's tenosynovitis; and possible scapholunate ligament tear. The PR2 notes on 8-14-15 stated his right wrist pain was 8 out of 10 and radiated to the forearm. In the 8-18-15 progress notes, the IW reported he had less pain. The surgical wound was well approximated with no erythema or drainage. The IW was to wear a long arm cast for four weeks, and then begin occupational therapy with dynamic splints to improve range of motion. He was on modified duty. Treatments included surgery (8-5-15). A Request for Authorization dated 8-19-15 was received for a Stat-A-Dyne WHFO splint. The Utilization Review on 8-26-15 non-certified the request for a Stat-A-Dyne WHFO splint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Statadyne WHFO splint:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Book Chapter. Wrist Disorders. David L. Cannon, Campbell's Operative Orthopaedics, Chapter 69, 3383-3476.

**Decision rationale:** The patient is a 32 year old male who underwent right wrist arthroscopy, debridement, and repair of TFCC/foveal re-attachment, as well as right first dorsal compartment release on 8/5/15. A request had been made for a custom-made Munster splint, as well as a Stat-A-Dyne WHFO splint. The munster splint was authorized, while the WHFO splint was denied. Based on the documentation provided for this review, a splint is medically necessary to protect the surgical repair following cast removal. Thus, a dynamic splint is not medically necessary at this time. As from the above reference, splinting is indicated following wrist arthroscopy (p.3395).