

Case Number:	CM15-0188370		
Date Assigned:	09/30/2015	Date of Injury:	04/17/2009
Decision Date:	11/13/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/24/2015

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, North Carolina
 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 61 year old female who sustained an industrial injury on 04-17-2009. Medical records indicated the worker was treated for right elbow lateral epicondylitis, and right shoulder rotator cuff tension. In the provider notes of 08-11-2015, the worker is seen for worsening symptoms right side in cervical spine, right elbow and right shoulder with increased swelling. On exam, the worker is 2+ tender to palpation in the right elbow lateral epicondyle, positive effusion on the right elbow. She has positive bilateral Tinel's, bilateral Phalen's. The right shoulder range of motion is 120-12-thoracic 10. She has positive triceps spasms with tenderness, and worsening activities of daily living. In the notes of 09-08-2015, the worker complains of continuous right shoulder pain with muscle tightness, and pain with range of motion. On exam, she has positive impingement, right trapezius, and rhomboid spasms. Her working diagnosis is of right shoulder impingement, and the requested authorization is for Soma, Voltaren gel, a wrist brace, and a consult with an Ear, Nose and Throat specialist. A request for authorization was submitted for Splint Wrist or Ankle. A utilization review decision on 09-17-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Splint Wrist Or Ankle: 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 rationale: In this case, the patient has been diagnosed with right shoulder impingement and epicondylitis of the elbow. The request is for "splint, wrist or ankle." ACOEM Guidelines state that wrist splints can be utilized in carpal tunnel syndrome, DeQuervain's and strains/sprains. Likewise, ankle splints are commonly utilized for strains/sprains. However, in this case, there is no documentation in the medical records of injury or complaints of the wrist or ankle. No rationale is provided for the request, therefore the request is not medically necessary or appropriate.