

Case Number:	CM15-0188780		
Date Assigned:	09/30/2015	Date of Injury:	06/04/2015
Decision Date:	11/10/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/25/2015

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 56 year old female who sustained an industrial injury on 6-4-2015. A review of the medical records indicates that the injured worker is undergoing treatment for left wrist sprain-strain and closed fracture of head of radius. Medical records (6-11-2015 to 8-4-2015) indicate ongoing left wrist pain. On 8-4-2015, the injured worker reported doing better with very little pain. She was able to move her fingers. She also reported left shoulder feeling better. She was icing her hand. Per the treating physician (8-24-2015), the injured worker has not returned to work. The physical exam (8-4-2015) revealed a healed incision left wrist. There was stiffness in all fingers. Treatment has included left wrist surgery 7-17-2015. The treatment plan (8-4-2015) was for physical therapy and to continue splint. The original Utilization Review (UR) (9-15-2015) denied a request for static progressive wrist hand flex orthosis (WHFO).

IMR ISSUES, DECISIONS AND RATIONALES

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

Static progressive wrist hand flex orthosis (WHFO): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand (updated 06/29/15) - Online Version, Splints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand, splints.

Decision rationale: The patient is a 56 year old female who had previously undergone operative reduction and internal fixation of a left wrist distal radius fracture. The most recent examination provided for this review from 8/4/15 noted that the patient had very little pain. She was recommended for physical therapy and to continue splinting. She had stiffness in her fingers. The status of her specific left wrist range-of-motion was not documented, as well as any progress from physical therapy to necessitate a static progressive wrist hand flex orthosis. Therefore, without specific rationale and examination findings to support its use, it should not be considered medically necessary. More sophisticated splints may be necessary but there has to be sufficient documentation to warrant its use.