

Case Number:	CM15-0192687		
Date Assigned:	10/06/2015	Date of Injury:	01/10/2014
Decision Date:	11/03/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/30/2015

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: Arizona, 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 44 year old female with an industrial injury date of 01-10-2014. Medical record review indicates she is being treated for pain in limb. Subjective complaints (09-04-2015) included left hand and wrist pain, numbness and swelling, "increasing using compression glove and wrist splint." Work status (09-04-2015) is documented as "totally disabled from work." Physical exam (09-04-2015) revealed "swelling, decreased grip strength and decreased sensation." Diagnostic test are documented as follows: Neurodiagnostic testing, "Reveals no evidence of a carpal tunnel syndrome or peripheral neuropathy. There is some muscle instability in the cervical 6-cervical 7 which may be radiculopathy however patient had difficulty with relaxation which may be due to other pain syndrome. RSD cannot be diagnosed with an EMG-NCV." MRI of left wrist is documented in the 02-23-2015 note by the treating physician as showing degenerative joint disease and small cyst. Treatment plan included Ultram and Amrix, pain management, compression glove left hand continue with psych care and custom short arm orthosis, left. The requested treatment is for and custom short arm orthosis, left. On 09-17-2015 the request for and custom short arm orthosis, left was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Short Arm Orthosis, Left: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Wrist and Hand Splints.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand Chapter and page16.

Decision rationale: According to the guidelines, casting, splinting, bracing, immobilization may be appropriate in the acute phase or in those with tendonitis, carpal tunnel syndrome, etc. In this case, the claimant has degenerative changes in the hand. There is no indication for long-term compression or orthosis. Although the claimant has swelling in the hand and compression may be temporarily needed, length of use and justification for a custom orthosis was not specified. The request for the custom orthosis is not medically necessary.