

Case Number:	CM15-0194628		
Date Assigned:	10/14/2015	Date of Injury:	05/29/2015
Decision Date:	11/30/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/05/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 39 year old male who sustained an industrial injury on 05-29-2015. According to a an initial hand surgical consultation dated 08-17-2015, the injured worker had a three to four month history of progressive bilateral wrist pain and occasional paresthasias in the ulnar nerve distribution. He reported pain was worse with repetitive activity. He had worn wrist splints and used Ibuprofen. He had also had therapy. Physical examination demonstrated positive Tinel and flexed elbow compression test with tenderness over the bilateral cubital tunnels. He had no first dorsal interossei weakness or atrophy. He had significant tenderness over the dorsum of the wrists bilaterally with boggy synovitis but no instability on examination. He had tenderness over the volar wrists and forearms. X-ray revealed no bony or ligamentous abnormalities. Diagnoses included bilateral cubital tunnel syndrome and bilateral wrist pain. Recommendations included avoidance of prolonged elbow flexion and leaning on the elbows, elbow extension splints, wrist splints, MRI of the bilateral wrists, rheumatological work up and therapy. He was to continue working with restrictions. No medications were dispensed. An authorization request dated 09-04-2015 was submitted for review. The requested services included MRI of bilateral wrist, certified hand therapy 12 sessions, bilateral hard and soft splint wrist, bilateral elbow extension and Relafen. On 09-14-2015, Utilization Review modified the request for hand therapy 2 x 6, non-certified bilateral wrist hard splints and authorized the request for MRI bilateral wrists, bilateral wrist soft splints and Relafen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand Therapy 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Guidelines allow for fading of treatment frequency from up to 3 visits to week to 1 or less, plus active self directed home physical medicine. In this case, it is not clear the amount or type of physical therapy to date and there is no evidence of a hand therapist evaluation. The request for hand therapy 2 times per week for 6 weeks is not medically appropriate and necessary.

Bilateral Wrist Hard Splints: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care, Physical Methods.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care.

Decision rationale: Guidelines recommend a hard splint for treatment of a displaced fracture and for treatment of carpal tunnel syndrome. In this case, the patient has chronic inflammatory synovitis and possible nerve entrapments but already has hard splints. The request for bilateral hard and soft wrist splints is not medically appropriate and necessary.