

Case Number:	CM15-0196376		
Date Assigned:	10/12/2015	Date of Injury:	07/23/2014
Decision Date:	11/18/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/06/2015

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 53-year-old female with a date of injury on 07-23-2014. The injured worker is undergoing treatment for right shoulder pain, rotator cuff sprain, and reflex sympathetic dystrophy of the right upper limb. A physician progress note dated 08-06-2015 documents the injured worker continues to have pain and stiffness in her right shoulder and in her right wrist and hand. In a physician note, dated 09-16-2015 there is documentation that the injured worker is having severe pain in her right wrist and right arm. It his associated with weakness, tingling, numbness and decreased range of motion in her shoulder. She has difficulty with activities of daily living. She is dropping things. Pain is reduced by 50% with the use of Gabapentin. She received a shoulder injection and it helped to improve her range of motion but not her pain. Right shoulder range of motion is restricted and painful. Right wrist range of motion is very limited. Pain with this visit is reported as 2 out of 10 in her right wrist and it is reported as coldness, tingling, and tightness. She is not working. Treatment to date has included diagnostic studies, medications, status post right wrist closed reduction and percutaneous pinning of three K wires, status post removal of K wires, Occupational therapy, splinting, cortisone injections, massage therapy, acupuncture, and physical therapy. Medications include Gabapentin, Voltaren gel, Diclofenac and Pantoprazole. She had a Magnetic Resonance Imaging of the right shoulder done on 06-12-2015, and x ray of the right wrist and right hand was done on 01-08-2015. On 09-30-2015 Utilization Review non-certifies the request for DME Wrist extension Dynasplint 1 per month for 3 months and non-certifies the request for DME Wrist flexion Dynasplint 1 per month for 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Wrist extension Dynasplint 1 per month for 3 months: 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 (Acute & Chronic), Static progressive stretch (SPS) therapy.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hand chapter and pg 30.

Decision rationale: According to the ACOEM guidelines, wrist immobilization is indicated for carpal tunnel and strains. Prolonged splinting can lead to weakness. The ODG guidelines recommend immobilization for fractures, 6 weeks for mallet fingers, 4 weeks for arthritis, and for recovery following tendon repair. In this case, the claimant had a fracture of the wrist and surgery in September 2014. There was no recent repeat injury or new issues that would require splinting. There were notes indicating weakness in the wrists and this can occur with prolonged immobilization. The request for an additional 3 months of an extension splint is not medically necessary.

DME Wrist flexion Dynasplint 1 per month for 3 months: 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 (Acute & Chronic), Static progressive stretch (SPS) therapy.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hand chapter and pg 30.

Decision rationale: According to the ACOEM guidelines, wrist immobilization is indicated for carpal tunnel and strains. Prolonged splinting can lead to weakness. The ODG guidelines recommend immobilization for fractures, 6 weeks for mallet fingers, 4 weeks for arthritis, and for recovery following tendon repair. In this case, the claimant had a fracture of the wrist and surgery in September 2014. There was no recent repeat injury or new issues that would require splinting. There were notes indicating weakness in the wrists and this can occur with prolonged immobilization. The request for an additional 3 months of a flexion splint is not medically necessary.