

Case Number:	CM15-0196565		
Date Assigned:	10/12/2015	Date of Injury:	10/05/2011
Decision Date:	11/30/2015	UR Denial Date:	09/25/2015
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: 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 60 year old female, who sustained an industrial injury on 10-05-2011. Diagnoses include osteoarthritis, right hand, CMC and STT joint arthritis, and right wrist arthroplasty revision on 3-25-15. Treatments to date include activity modification and occupational-physical therapy. The records indicated ongoing right thumb and wrist pain status post arthroplasty completed prior to 11-15-14, and underwent right wrist revision on 3-25-15. Physical therapy evaluation dated 8-5-15, documented she complained of ongoing right wrist pain, stiffness, and numbness. She had arrived wearing a half cast radial splint. She was treated with ultrasound, range of motion exercises, and stabilization exercises. The physical therapy documented hypersensitive scar, poor tolerance for activity outside of the splint, and poor tolerance for pinch. It was recommended for ongoing therapy for range of motion, desensitization, and splint weaning. The plan of care included ongoing physical therapy and the physical therapist requested medical equipment including a comfort cool thumb orthosis. The appeal requested authorization for Durable Medical Equipment (DME) including a right comfort cool thumb support, medium, and wrist hand orthosis, wrist extension control cock-up. The Utilization Review dated 9-25-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prefabricated right comfort cool thumb support for primary osteoarthrosis localized in the hand: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work Loss Data Institute, Forearm, Wrist, & Hand (Acute & Chronic) chapter - Splints.

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

Decision rationale: Per the MTUS guidelines, braces are supported for forearm, wrist and hand complaints. In this case, the injured worker is status post arthroplasty and underwent right wrist revision on 3-25-15. The submitted documents note that the requested DME was previously requested and certified. The medical records do not establish the medical necessity of a second thumb support. In the absence of this information, the request is not supported. The request for Prefabricated right comfort cool thumb support for primary osteoarthritis localized in the hand is therefore not medically necessary and appropriate.