

Case Number:	CM15-0202169		
Date Assigned:	10/19/2015	Date of Injury:	05/05/2014
Decision Date:	12/03/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/14/2015

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 60 year old female, who sustained an industrial injury on 05-05-2014. The injured worker is currently not working. Medical records indicated that the injured worker is undergoing treatment for left wrist and hand injury, right wrist and hand injury, right elbow injury, and right shoulder injury. Treatment and diagnostics to date has included occupational therapy, use of TENS (Transcutaneous Electrical Nerve Stimulation) Unit, bracing, and medications. Subjective data (09-15-2015 and 09-30-2015), included swelling of joints rated 5 out of 10. Objective findings (09-30-2015) included clicking sound with rotatory instability to right thenar metacarpal phalangeal joint. The request for authorization dated 09-30-2015 requested custom CMC (carpometacarpal) brace for the right thumb. The Utilization Review with a decision date of 10-13-2015 denied the request for custom CMC (carpometacarpal) brace for the right thumb.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom CMC brace for the right thumb QTY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hand chapter and pg 23.

Decision rationale: Immobilization or splinting is not indicated for prolonged periods. It is recommended for displaced fractures but for sprains. The therapist provided a brace which improved symptoms; however, the request for the custom CMC brace was not specified with length of use. Long-term use is optional since it may lead to weakness and stiffness. As a result, the request for the brace is not medically necessary.