

<b>Case Number:</b>	CM15-0206242		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	04/11/2013
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic wrist and hand pain reportedly associated with an industrial injury of April 11, 2013. In a Utilization Review report dated October 5, 2015, the claims administrator failed to approve a request for a short spica splint. The claims administrator referenced an RFA form received on September 20, 2015 and an associated progress note dated September 15, 2015 in its determination. The applicant's attorney subsequently appealed. On September 15, 2015, the applicant reported complaints of bilateral wrist pain status post right carpal tunnel release surgery and de Quervain's release procedure of June 30, 2015. The applicant also exhibited a positive Finkelstein maneuver on the left. The applicant was diagnosed with left radial styloid tenosynovitis. A left short spica splint was ordered. The applicant's work status was not detailed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left short spica:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Yes, the request for a left short spica splint (AKA thumb spica splint) was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, splinting is "recommended" as a first-line conservative treatment for de Quervain's tenosynovitis, i.e., the diagnosis reportedly present here. The attending provider stated on September 15, 2015 that the applicant's presentation was suggestive of left radial styloid tenosynovitis. Introduction of a short spica splint was indicated as a first-line therapy to ameliorate the same, per the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272. Therefore, the request was medically necessary.