

<b>Case Number:</b>	CM15-0026201		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	05/01/2014
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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 65-year-old [REDACTED] employee who has filed a claim for chronic hand and wrist pain reportedly associated with cumulative trauma at work between the dates of October 1, 2013 through October 1, 2014. In a Utilization Review Report dated January 30, 2015, the claims administrator failed to approve a custom wrist splint. The claims administrator invoked non-MTUS ODG Guidelines on wrist splinting for wrist fractures, despite the fact that the applicant reportedly carried a diagnosis of radial styloid tenosynovitis. An RFA form received on January 23, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On January 5, 2015, the applicant reported ongoing complaints of hand and wrist pain, 8/10. The applicant had been off of work for the preceding five weeks, it was acknowledged. The applicant exhibited tenderness about the hand and thumb. The applicant had issues with thumb arthritis and thumb tenosynovitis. A thumb spica splint, hand therapy, acupuncture, and/or an ergonomic evaluation were endorsed while the applicant was kept off work. Multiple other progress notes of late 2014 suggest that the applicant had ongoing issues with wrist tenosynovitis and/or wrist arthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom splint:** Overturned

**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 and Hand Chapter, Splinting.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**Decision rationale:** Yes, the custom splint was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-4, page 264, limiting motion of inflamed structures with a wrist and thumb splint is recommended as a treatment option in applicants with de Quervain's tenosynovitis, as was/is present here. Similarly, the Third Edition ACOEM Guidelines, Hand, Wrist, Forearm Chapter also notes that either prefabricated or custom-made splints may be employed and are recommended for applicants with chronic hand arthritis, as was/is present here. The limited and somewhat dated progress notes of the file, it is further noted, seemingly suggest that prefabricated wrist splints were ineffective here, as suggested by the applicant's seeming failure to return to work with the same. Introduction of the custom wrist splint, thus, was indicated on or around the date in question. Therefore, the request was medically necessary.