

Case Number:	CM15-0213489		
Date Assigned:	11/03/2015	Date of Injury:	01/05/2005
Decision Date:	12/15/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	10/29/2015

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: North Carolina, Georgia
 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 58 year old female who sustained an industrial injury January 5, 2005. Past history included status post cervical surgery 2008, 2014 and status post lumbar surgery 2013. Diagnoses are neck pain; cervical fusion; lumbar fusion; post-operative dysphagia. According to a primary treating physician's progress report dated October 9, 2015, the injured worker presented for follow-up with continued pain in the neck, low back, and bilateral wrists with radiating symptoms both in her arms and legs. She uses a thumb Spica brace on both the right and left hand. Physical examination revealed; cervical- decreased range of motion and numbness in the C5-6 and C6-7 nerve distribution; positive Tinel's in the bilateral wrists; lumbar spine-decreased range of motion and some tightness to straight leg raise without any motor or sensory deficits distally. Treatment plan included a consultation with pain management (authorized). At issue, is a request for authorization for bilateral thumb spica wrist brace splint (purchase). According to utilization review dated October 26, 2015 the request for Bilateral Thumb Spica wrist-brace-splint is non-certified. The request for consultation with pain management is certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral thumb spica wrist brace/splint purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

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

Decision rationale: CA MTUS states that a wrist thumb splint, such as a thumb spica splint, may be indicated for use for up to 4 weeks for DeQuervain's tenosynovitis prior to consideration of injection. For carpal tunnel syndrome, evidence supports use of a neutral wrist splint. The medical record in this case documents wrist pain and positive Tinel's sign. This would support a possible diagnosis of carpal tunnel syndrome but not DeQuervain's tenosynovitis. It is possible that neutral wrist splints would be indicated in this case but the requested bilateral thumb spica splints are not medically indicated.