

Case Number:	CM15-0218303		
Date Assigned:	11/10/2015	Date of Injury:	01/19/2011
Decision Date:	12/29/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/05/2015

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, 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 56 year old female, who sustained an industrial injury on 1-19-2011. The injured worker is undergoing treatment for repetitive motion syndrome, enthesopathy of wrist-carpus, edema, muscle spasm and De Quervain's tenosynovitis. Medical records dated 9-23-2015 indicate the injured worker complains of pain and spasm in the bilateral hands. She reports the thumbs and wrists are slightly better. Pain is rated 3 out of 10 with medication and 8 out of 10 without medication. The treating physician on 9-23-2015 indicates occupational therapy is helping. Physical exam dated 9-23-2015 notes wrist tenderness to palpation, swelling and decreased range of motion (ROM). "She is 40% better." Treatment to date has included occupational therapy, medication and modified work status. The original utilization review dated 10-28-2015 indicates the request for retrospective request for Hydrocodone 7.5mg/325mg, #30, DOS: 09/23/15, retrospective request for Tramadol 50mg #60, DOS: 09/23/15 and retrospective request for Nabumetone 750mg #60, DOS: 09/23/15 is certified and left custom CMC stabilization splints and right custom CMC stabilization splints is non-certified. The medication list included Hydrocodone, Tramadol Ibuprofen and Nabumatone. The patient sustained the injury due to cumulative trauma. Per the note dated 11/5/15, the patient had complaints of pain in the bilateral hands. The physical examination of the bilateral hands revealed limited range of motion and muscle spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Custom CMC Stabilization Splints: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Edition, Chapter: Forearm, Wrist, & Hand (updated 06/29/15) Immobilization (treatment) Splints.

Decision rationale: Left Custom CMC Stabilization Splints. Per the ACOEM guidelines cited below "Any splinting or limitations placed on hand, wrist, and forearm activity should not interfere with total body activity in a major way. Strict elevation can be done for a short period of time at regular intervals." In addition per the cited guidelines, "Not recommended as a primary treatment for undisplaced fractures or sprains, but recommended for displaced fractures." Evidence of displaced fractures was not specified in the records provided. The patient had received an unspecified number of OT visits for this injury. A detailed response to this conservative therapy was not specified in the records provided. Evidence of diminished effectiveness of oral medications or intolerance to medications was not specified in the records provided. The request for Left Custom CMC Stabilization Splints is not medically necessary for this patient.

Right Custom CMC Stabilization Splints: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Forearm, Wrist, & Hand (updated 06/29/15) Immobilization (treatment) Splints.

Decision rationale: Right Custom CMC Stabilization Splints. Per the ACOEM guidelines cited below "Any splinting or limitations placed on hand, wrist, and forearm activity should not interfere with total body activity in a major way. Strict elevation can be done for a short period of time at regular intervals." In addition, per the cited guidelines- Immobilization is "Not recommended as a primary treatment for undisplaced fractures or sprains, but recommended for displaced fractures." Evidence of the displaced fractures was not specified in the records provided. The patient had received an unspecified number of OT visits for this injury. A detailed response to this conservative therapy was not specified in the records provided. Evidence of diminished effectiveness of oral medications or intolerance to medications was not specified in the records provided. The request for Right Custom CMC Stabilization Splints is not medically necessary for this patient.