

Case Number:	CM15-0037755		
Date Assigned:	03/06/2015	Date of Injury:	10/08/2008
Decision Date:	04/16/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/27/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic Surgery

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 utilization review was performed on 1/29/15. The injured worker is a 55-year-old male, who sustained an industrial injury on 10/8/08. The injured worker has complaints of left knee pain. The diagnoses have included osteoarthritis left leg. The documentation noted that the injured worker had bilateral carpal tunnel releases and trigger release as well as multiple right upper extremity operations including a submuscular ulnar nerve transposition and quite some flexor tendon reconstruction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative custom made splint and/or cast for the left wrist, 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 (ODG), Forearm, Wrist & Hand, Splints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, wrist and hand-splints.

Decision rationale: The patient was certified for left elbow cubital tunnel release and initial post-operative splinting should be considered medically necessary. However, this appears to be satisfied with certification of a ready-made splint for the elbow surgery. An additional custom-made splint/cast of the wrist does not appear necessary, as there is no documented justification for it. The goal following surgery should be to initiate range-of-motion as early as possible. Thus, prolonged splinting would not be necessary. Therefore, post-operative custom made splint and/or cast for the left wrist should not be considered medically necessary.