

Case Number:	CM15-0042559		
Date Assigned:	03/12/2015	Date of Injury:	08/25/2014
Decision Date:	04/20/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/06/2015

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: California

Certification(s)/Specialty: Emergency 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:

This 45 year old male sustained an industrial injury to the left wrist and right hand on 8/25/14. The injured worker was diagnosed with left wrist sprain, right fifth metacarpal neck fracture and right fourth metacarpal neck fracture. Previous treatment included casting, modified duty, occupational therapy and medications. In a PR-2 dated 2/12/15, the injured worker complained of bilateral wrist and hand pain 5/10 on the visual analog scale. Physical exam was remarkable for right hand with swelling of three to five fingers with tenderness to palpation to the right ring finger and left hand with tenderness to palpation to the left dorsal wrist. Left hand grip strength was limited by pain. Range of motion was within normal limits except for the right fourth and fifth metacarpal joint that was limited due to angulation. Sensation was within normal limits throughout. Current diagnoses included right ring finger distal phalanx fracture, non-displaced sequelae, right fifth metacarpal neck fracture, right fourth metacarpal neck fracture and left wrist sprain, resolving. The treatment plan included requesting six additional visits of occupational therapy, twice a week for three weeks and a custom splint.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right custom dynamic: 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 (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, Hand, Splints.

Decision rationale: The requested 1 right custom dynamic, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Forearm, Wrist, Hand, Splints, recommend short-term immobilization for fractures. The injured worker has bilateral wrist and hand pain 5/10 on the visual analog scale. Physical exam was remarkable for right hand with swelling of three to five fingers with tenderness to palpation to the right ring finger and left hand with tenderness to palpation to the left dorsal wrist. Left hand grip strength was limited by pain. Range of motion was within normal limits except for the right fourth and fifth metacarpal joint that was limited due to angulation. Sensation was within normal limits throughout. Current diagnoses included right ring finger distal phalanx fracture, non-displaced sequelae, right fifth metacarpal neck fracture, right fourth metacarpal neck fracture and left wrist sprain, resolving. The treating physician has not documented the medical necessity for prolonged immobilization nor a custom splint versus standard immobilization. The criteria noted above not having been met, 1 right custom dynamic is not medically necessary.