

Case Number:	CM15-0053711		
Date Assigned:	03/27/2015	Date of Injury:	08/15/1999
Decision Date:	05/05/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/20/2015

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: New Jersey, New York
 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 67 year old female, who sustained an industrial injury on 08/15/1999. She reported repetitive injury involving the bilateral wrists and hands. Diagnoses include bilateral arthritis right greater than left with autofusion of the right third MIP joint and stiffening of other joints in bilateral hands. Treatments to date include medication therapy, activity modification and physical therapy. Currently, they complained continued progressive pain and stiffness in bilateral hands. On 12/8/14, the physical examination documented severe stiffness and soreness of bilateral hands with extremely weak grasp/grip. The plan of care included physical therapy and obtaining radiographical imaging. A physical therapy treatment note dated 2/10/15 documented benefit would be provided with a PIP splint due to the middle finger deviation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of 1 custom PIP ligament repair splint for the left middle finger: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Splints, hand/wrist.

Decision rationale: The request is considered not medically necessary. As per the chart, the patient had fusion and deformity of the right middle finger that may have benefited from a custom splint. As per ODG guidelines, a rigid splint for prevention of deformities at night may be part of an optimal regimen. There was not enough documentation of the left middle finger to warrant a splint. Prolonged immobilization may also be harmful and cause stiffness. Therefore, the request is considered not medically necessary.