

<b>Case Number:</b>	CM15-0084042		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	10/13/2014
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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:

The injured worker is a 49 year old female who sustained an industrial injury on October 13, 2014. Previous treatment includes orthotics, physical therapy and imaging. Currently the injured worker reports pain, stiffness and limited range of motion. She reports difficulty with fine motor movements such as writing and applying make-up. She reports diminished grip strength and is currently attending physical therapy. On physical examination the injured worker has 45 degrees extension, 25 degrees flexion of the right wrist. A physical therapy session dated 2/5/2015 revealed the injured worker rates her right wrist pain a 3 on a 10-point scale and up to 5 on a 10-point scale with moderate use. She is no longer using a wrist brace at home and uses a brace when in the community for protection. Active range of motion of the right forearm is 70 (increased to 105 degrees), pronation of 56 degrees (increased 41 degrees). Her right wrist extension/flexion is 40-20 degrees. Diagnoses associated with the request include distal radius fracture, arthrofibrosis and ulnar neuropathy. The treatment plan includes continued occupational therapy, home exercise program and modified duties.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Jas Wrist 3 month rental, right wrist per 04/14/15 order Qty 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Wrist, Hand.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-272.

**Decision rationale:** The patient has undergone an ORIF of the right distal radius and ulna on 10/13/2014. She subsequently had 12 sessions of physical therapy. Prolonged post-operative splinting can lead to stiffness and weakness. The patient is over 6 months postoperative. There is inadequate documentation to support prolonged splinting in post-operative patients who have undergone internal fixation. Due to lack of orthopedic records indicating the reasoning for this, it would be deemed not necessary.

**Purchase of Jas EZ Finger #4, right wrist per 4/14/15 order Qty 4.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Wrist, Hand.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-272.

**Decision rationale:** The patient has undergone an ORIF of the right distal radius and ulna on 10/13/2014. She subsequently had 12 sessions of physical therapy. Prolonged post-operative splinting can lead to stiffness and weakness. The patient is over 6 months postoperative. There is inadequate documentation to support prolonged splinting in post-operative patients who have undergone internal fixation. Due to lack of orthopedic records indicating the reasoning for this, it would be deemed not necessary.