

<b>Case Number:</b>	CM15-0084262		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	01/27/2009
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/15/2015
<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: Arizona, 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 male who sustained an industrial injury on 01/27/2009. He attributes his pain that began 2 or 3 years ago in his left wrist and approximately 1 year ago pain in his right wrist to the numerous riveting activities he has to do with his hands in his job as a mechanic for Boeing. Diagnoses include bilateral wrist ulnar carpal impaction syndrome, Magnetic Resonance Imaging findings of left wrist tear of the triangular fibrocartilage and bone marrow signal changes including a cyst, edema and sclerosis within the lunate. Treatment to date has included medications. A physician progress note dated 03/23/2015 documents the injured worker complains of bilateral ulnar sided wrist pain with activity; his symptoms are greater on the left as compare to the right. He has no numbness or paresthesias. On examination there is tenderness to palpation along the bilateral wrist ulnocarpal spaces and complaints of left ulnar sided wrist pain with axial load and forced supination and pronation of the forearms. He has a negative Finkelstein test and a negative Tinel. X rays of the right and left were done on this visit. A Magnetic Resonance Imaging of the left wrist done on 09/29/2014 shows a tear of the triangular fibrocartilage, bone marrow signal changes including cysts, edema and sclerosis mostly within the lunate and to a lesser degree within the proximal triquetrum, consistent with ulnocarpal impactions, tear of the lunotriquetral ligament is suspected, and tendinosis of the extensor carpi ulnaris tendon. The treatment plan includes occupational therapy, left wrist splint, a left wrist ulnocarpal steroid injection and return visit in 6 weeks. Treatment requested is for Left Wrist custom fabricated Who-Static Splint and Occupational Therapy to the bilateral wrist, twice a week for four weeks.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Left Wrist custom fabricated Who-Static Splint: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Splints.

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

**Decision rationale:** According to the guidelines, splinting the wrist is recommended as 1st line for carpal tunnel strains and DeQuervains. Prolonged splinting is optional as it leads to weakness. In this case, the claimant had an ulnar impaction syndrome. The MRI findings were several months ago and recent x-rays did not show significant abnormalities. There was no documentation noting the need for a custom fit splint. Length of use was not specified. The request for the custom left wrist splint is not medically necessary.

### **Occupational Therapy to the bilateral wrist, twice a week for four weeks: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. In this case, the claimant had ulnar impaction syndrome with limited range of motion of the wrist. There was noted pain on palpation of the left wrist. The request for 8 sessions of therapy is appropriate and medically necessary.