

Case Number:	CM15-0084646		
Date Assigned:	05/06/2015	Date of Injury:	01/04/2015
Decision Date:	06/24/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/04/2015

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: Texas, 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:

This is a 61 year old female patient who sustained an industrial injury on 1/4/2015. Diagnoses include right wrist sprain/strain and right wrist distal radial fracture with surgical repair. She sustained the injury due to a slip and fall injury. Treatment has included oral medications, and surgical intervention. Per the doctor's note dated 3/24/15, she had complaints of right shoulder and left knee pain; right hand pain and numbness. The physical examination revealed right hand swelling, slight limitation in right wrist mobility and moderate limitation in fingers flexion; positive Tinel's at carpal tunnel. The current medications list is not specified in the records provided. She has had right hand X-rays dated 3/24/15 which revealed no bony or joint abnormalities. Recommendations include continue exercise program, discontinue use of the sling splint, use wrist support, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom made splint for right wrist: 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): 266.

Decision rationale: Request: Custom made splint for right wrist. Per the ACOEM guidelines cited below "Any splinting or limitations placed on hand, wrist, and forearm activity should not interfere with total body activity in a major way. Strict elevation can be done for a short period of time at regular intervals." Significant functional deficit that would require wrist brace is not specified in the records provided. Response to conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. In addition, rationale for not using a simple off the shelf splint versus custom splint is not specified in the records provided. The medical necessity of Custom made splint for right wrist is not fully established for this patient.