

Case Number:	CM14-0116005		
Date Assigned:	08/04/2014	Date of Injury:	02/28/2006
Decision Date:	10/14/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 51 year old male with a work injury dated 2/28/06. The diagnoses include status post open reduction and internal fixation of the left wrist in 2011 and loose hardware removal of the left wrist on 8/14/13..Under consideration is a request for a left wrist splint. There is a primary treating physician report dated 1/30/14 that states that he continues to have ongoing pain and swelling. Unfortunately he has gone scapholunate advance collapse and has very little wrist motion. The patient is not interested in a wrist fusion because he is more interested in regaining as much mobility as possible. His wrist pain is significantly better when he wears a splint. The patient complains of pain and swelling. On exam the left wrist is still very swollen and tender especially on the dorsal radialgrip. There is decreased left grip and pinch strength. X-ray show bone blocking dorsally, restricting ROM dorsally.A 6/12/14 exam revealed that the patient had persistent pain and swelling status post hardware removal. There was a very swollen wrist with tenderness at the dorsal aspect with decreased grip strength compared to the right side with restricted range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Wrist Splint: Upheld

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

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

Decision rationale: The guidelines do not recommend prolonged splinting as it leads to weakness and stiffness. The documentation indicates that the patient does not want a wrist fusion because he wants to maintain mobility. Per the guidelines prolonged splinting may cause stiffness which would not be beneficial for this patient. The request for a left wrist splint is not medically necessary.