

Case Number:	CM14-0118272		
Date Assigned:	08/06/2014	Date of Injury:	10/18/2013
Decision Date:	10/09/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/28/2014

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 Emergency Medicine, and is licensed to practice in Texas. 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 injured worker is a 48-year-old female who reported an injury due to continuous and repetitive stress on October 18, 2013. On May 31, 2014, her diagnosis was repetitive stress injury. Complaints included vague descriptions of pain in her left upper extremity with tingling in the radial digits of the right hand. She participated in an unknown number of physical therapy sessions for her hands and was noted to be wearing night splints. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

One custom-made orthosis, right side: 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): 283-285..

Decision rationale: The California ACOEM Guidelines recommend wrist and forearm brace for acute distal forearm fracture. The use of functional bracing or splinting that will allow mobilization of the radial carpal joint while maintaining stabilization of the fracture is moderately recommended over traditional casting to immobilize the forearm and wrist for

nondisplaced or minimally displaced colle's fractures. There was no evidence in the submitted documentation that this injured worker had a colle's fracture or any other type of hand, wrist, or forearm fracture. The need for an orthotic was not clearly demonstrated in the submitted documentation. Additionally, the body part for which this orthotic was to be used was not specified in the request. Therefore, this request for one custom-made orthosis, right side, is not medically necessary or appropriate.