

Case Number:	CM14-0123409		
Date Assigned:	09/05/2014	Date of Injury:	11/18/2013
Decision Date:	10/09/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/04/2014

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 Hand Surgery, 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 44-year-old female who reported an injury on 12/11/2013 due to cumulative trauma. On 02/04/2014, the injured worker presented with complaints of paresthesia numbness in the bilateral hands and pain in the right wrist. Upon examination of the upper extremity, there was presence of a scar in the volar aspect of the left wrist compatible with ganglion cyst excision. There was hypoesthesia involving the median digit with positive Tinel's and positive Phalen's test to the bilateral upper extremities. The diagnoses were bilateral carpal tunnel syndrome, right volar wrist ganglion cyst, status post excision of the left volar wrist ganglion cyst, and history of rheumatoid arthritis. The provider recommended a custom postoperative wrist control splint. The provider's rationale was not provided. The Request for Authorization form was not included the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Post Operative Wrist Control Splint: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter Splinting

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand, Splints.

Decision rationale: The request for custom postoperative wrist control splint is not medically necessary. California MTUS/ACOEM guidelines state that a prolonged postoperative splinting will lead to weakness and stiffness. The Official Disability Guidelines further state that splints are recommended for treating displaced fractures. Immobilization is standard for fracture healing, although injured workers satisfaction is higher with splinting rather than casting. There was lack of documentation of a displaced fracture. Additionally, the type of custom postoperative wrist control splint was not provided. The provider's rationale for the use of a postoperative wrist control splint was not provided. As such, medical necessity has not established.