

<b>Case Number:</b>	CM14-0129868		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Plastic Surgery, has a subspecialty in Hand Surgery, and is licensed to practice in Oregon. 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 claimant sustained an injury on September 24, 2012. She is status post right wrist arthroscopy on January 16, 2014 with findings of a dorsal TFC tear that was debrided followed by hand therapy. When seen July 22, 2014 she complained of persistent right ulnar wristpain which had recurred following return to work. Treatments include activity modification, splinting, rest and anti-inflammatory medications. She had MRI on June 28, 2014 that showed inflammatory signal centered in the ulnar aspect of the wrist involving the TFC ulnar attachment and extensor carpi ulnaris tendon. On exam, there is marked tenderness over the right wrist at the triangle fibrocartilage complex, reproducing patient s symptoms. There is minimal radial sided tenderness. A repeat arthrocopy and debridement was recommended. This is a request for Post-Op Splint for the Right Wrist

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative splint for the right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand

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

**Decision rationale:** According to the Forearm, Wrist, and Hand Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, splinting is used as a first line conservative treatment for carpal tunnel syndrome, DeQuervain's, strains, etc. Prolonged splinting leads to weakness and stiffness. Prolonged postoperative splinting is not recommended. The ACOEM guidelines do not support the routine use of a prolonged postoperative splint for the diagnosis of ulnar sided pain. Therefore, the request for a post-operative splint for the right wrist is not medically necessary or appropriate.