

Case Number:	CM14-0151645		
Date Assigned:	09/19/2014	Date of Injury:	06/07/1990
Decision Date:	07/29/2015	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/17/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old female, who sustained an industrial injury on 06/07/1990. She has reported injury to the left wrist. The diagnoses have included left ulnar sensory neuritis; left ulnar impaction syndrome-postoperative; left wrist tendonitis; left thumb carpometacarpal joint arthritis; and left wrist radiocarpal arthritis. Treatment to date has included medications, diagnostics, corticosteroid injection, stretching exercises, and surgical intervention. Medications have included Tylenol, Relafen, Prilosec, and Terocin topical cream. A progress report from the treating physician, dated 02/24/2014, documented an evaluation with the injured worker. The injured worker reported chronic ulnar-sided left wrist pain, secondary to an old injury and multiple surgeries; recently, in the course of performing her ordinary occupational activities, she has developed an increase in her ulnar-sided wrist pain; and this is identical to her previous symptoms, but now is worse. Objective findings included pain with left ulnar deviation; marked tenderness over the triangular fibrocartilage complex, with slight radiocarpal tenderness as well; grip strength is decreased on the left as compared to the right; and hand exam reveals full motion with normal sensibility and circulation and no intrinsic muscle weakness or atrophy bilaterally. The treatment plan has included the request for fabricate a custom wrist splint (unspecified).

IMR ISSUES, DECISIONS AND RATIONALES

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

Fabricate a custom wrist splint (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Chapter 11 Forearm-Wrist-Hand Complaints, Wrist Brace, page 265. Decision based on Non-MTUS Citation ODG Forearm-Wrist-Hand, Splints, page: 177-178.

Decision rationale: The patient has diagnoses to include left wrist impaction syndrome, ulnar collateral ligament sprain/ sensory neuritis, and radiocarpal arthritis. It is unclear if this custom wrist splint is a new request or a replacement for an existing brace. Submitted reports have not identified the indication or support for a custom splint over a recommended prefabricated brace by way of extenuating circumstances or irregular soft tissue contour or deformity requiring custom fit. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is required to maintain certain immobilization or assist in functional activity. There are no documented reports regarding specific progressive neurological deficits or functional change. ACOEM Guidelines support splinting as first-line conservative treatment for CTS, DeQuervain's, Strains; however, none have been demonstrated to support for this custom wrist brace purchase. The Fabricate a custom wrist splint (unspecified) is not medically necessary and appropriate.