

Case Number:	CM15-0015268		
Date Assigned:	02/03/2015	Date of Injury:	03/18/2013
Decision Date:	03/20/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/27/2015

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 57 year old female injured worker suffered an industrial injury on 3/18/2013 from a fall. The diagnoses were distal radial fracture s/p instrumentation of left wrist (undated) with post-operative OT and was provided a revised custom spica brace for nighttime use as previous thermoplastic brace caused pain and discomfort. The treatments were fracture repair of the left wrist, occupational therapy, brace, with further brace revisions and replacements. The treating provider reported limitations with grasping and increased flexion of the thumb. The Utilization Review Determination on 12/23/2014 non-certified purchase of glove for daytime use QTY: 1.00 and Purchase of left thumb splint QTY: 1.00 citing MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of glove for daytime use QTY: 1.00: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gel padded Glove, page 81

Decision rationale: Evidence based guidelines support treatment regimen upon clear documented medical necessity with demonstrated symptom complaints, clinical findings, and specific diagnoses along with identified functional benefit from treatment previously rendered towards a functional restoration approach to alleviate or resolve the injury in question. Submitted reports have not identified any clear indication or clinical findings to support for the purchase of the unspecified glove or functional benefit from treatment rendered. The Purchase of glove for daytime use QTY: 1.00 is not medically necessary and appropriate.

Purchase of left thumb splint QTY: 1.00: 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

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 Forearm-Wrist-Hand, Splints, page: 177-178

Decision rationale: The patient sustained injuries to her left wrist; however, there are no documented reports regarding specific progressive neurological deficits of the wrist, acute change, new injury, or complications and deterioration for this chronic injury two years ago. There is no clinical exam or findings for any wrists issues that would support for the custom thumb splint, precluding from off the shelf brace. ACOEM Guidelines support regular splinting as first-line conservative treatment; however, submitted reports have not identified specific indication for custom splint. The Purchase of left thumb splint QTY: 1.00 is not medically necessary and appropriate.