

Case Number:	CM15-0017176		
Date Assigned:	02/04/2015	Date of Injury:	09/21/2014
Decision Date:	03/30/2015	UR Denial Date:	01/15/2015
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 injured worker is a 62 year old female, who sustained an industrial injury on September 21, 2014. She has reported a fall and injury to her left small digit. The diagnoses have included fracture of the left small digit metacarpal. Treatment to date has included occupational therapy and splinting. Currently, the injured worker complains of left hand stiffness and had tenderness to palpation. Flexion of the wrist was 60 degrees and extension of the wrist was 70 degrees. On January 15, 2015 Utilization Review non-certified a request for hand/digit wrist splint for the left hand, noting that the guidelines indicate that prolonged splinting leads to weakness and stiffness. The injured worker lacked 3 cm of tip-to palm distance of the small digit. The California Medical Treatment Utilization Schedule, the Official Disability Guidelines and the ACOEM were cited. On January 27, 2015, the injured worker submitted an application for IMR for review of hand/digitwrist splint for the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand/Finger wrist splint for the left hand: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272, Chronic Pain Treatment Guidelines Physical Medicine

Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand, Physical/Occupational Therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hand chapter, has the following regarding splints

Decision rationale: This patient is status post small digit metacarpal fracture on 09/21/2014. According to progress report dated 12/30/2014, the patient presents with left hand stiffness. The current request is for hand/digit wrist splint for the left hand. The ODG guidelines, under the hand chapter, has the following regarding splints, "Recommended for treating displaced fractures, immobilization, and standard fracture healing, although patient's satisfaction is higher with splinting rather than casting." The utilization review denied the request stating that, "Splints cannot be deemed medically necessary, as guidelines states there is insufficient evidence for the use of splints, and prolonged splinting leads to weakness and stiffness." In this case, given patient's recent fracture and continued complaints of stiffness, the requested splint IS medically necessary.