

<b>Case Number:</b>	CM15-0116281		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	10/23/2013
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 38 year old male, who sustained an industrial injury on 10/23/2013. The injured worker was diagnosed as having left wrist pain. Treatment to date has included left de Quervain's release, cortisone injections, splinting, medications, therapy, and activity modification. On 5/12/2015, the injured worker was seen for an initial hand surgical consultation and complained of left wrist pain. He had a de Quervain's release done this past year and reported continued pain in the first dorsal compartment. Medications included Diclofenac, Omeprazole, and LidoPro. Physical exam noted a well-healed incision over the left wrist, tenderness over the first dorsal compartment, with positive Finkelstein's. In addition, he had tenderness throughout the dorsum of the wrist over both the midcarpal and radiocarpal joints. It was documented that magnetic resonance imaging revealed an ulnar sided TFCC (triangular fibrocartilage complex) tear, with subluxation of the distal radioulnar joint, although this was not evident on exam. An updated magnetic resonance imaging was recommended (performed 5/13/2015), with ice, medications, and splinting in the interim. The PR2 reports reference use of a wrist splint on 4/08/2015, with previous requests noted. He was not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left wrist splint:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand - MRI; Splints.

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

**Decision rationale:** According to the guidelines, splinting is recommended for carpal tunnel, strains and DeQuervains but prolonged splinting is optional and can lead to weakness. In this case the claimant did have DeQuervain's that was treated a year prior and recently had a TFCC tear. The orthopedic surgeon was planning surgery and recommended a splint in the interim until surgery was performed. The request for the splint is medically appropriate and medically necessary.