

Case Number:	CM15-0117114		
Date Assigned:	06/25/2015	Date of Injury:	04/14/2015
Decision Date:	07/31/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	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: California, Hawaii
 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 53 year old male patient who sustained an industrial injury on 04/14/2015. The accident occurred while working as an automobile assembly worker. There was note of prior injury right 4th finger (non-industrial) three weeks earlier. The initial report of illness dated 04/16/2015 reported the patient having gotten his hand stuck in the fabric rollers with immediate onset of right wrist and finger pains. He states there is swelling, decreased range of motion on fingers of right hand. Objective findings showed dorsal slight swelling; guarded. There is slight decreased flexion. The treating diagnosis was crush injury right hand. The patient was given a volar splint, ace bandage, recommendation for occupational therapy, and prescribed Norco. He is on temporary total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Volar Wrist Splint (right wrist): Upheld

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 & Hand, Splints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Forearm, Wrist, & Hand Splints.

Decision rationale: The patient presents with crush injury to the right hand with immediate onset of right wrist and finger pain. The current request is for Custom Volar Wrist Splint (right wrist). The treating physician states, in a report dated 05/15/15, "recommend resting splint for support for intermittent day use and pli-o splint for night use for protection." (42B) The MTUS is silent on the matter of wrist splints. ODG guidelines state, "Recommended for treating displaced fractures. Immobilization is standard for fracture healing although patient satisfaction is higher with splinting rather than casting." In this case, the treating physician, in the documents available for review, has failed to provide any evidence of a displaced fracture, Mallet finger, Post-surgical tendon repair or arthritis. In the absence of such evidence, as required by the guidelines, the current request is not medically necessary.