MAXIMUS Federal Services

Case Number:	CM15-0117136		
Date Assigned:	06/25/2015	Date of Injury:	12/31/2001
Decision Date:	07/28/2015	UR Denial Date:	05/21/2015
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
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 67 year old female who sustained an industrial injury on December 31, 2001. Diagnoses included bilateral carpal tunnel syndrome, chronic bilateral wrist pain, bilateral knee pain, right hip pain and low back pain. Treatment to date has included bilateral carpal tunnel release and medications. Currently, the injured worker complained of bilateral wrist pain, bilateral knee pain and low back/right hip pain. She reported severe pain in the right wrist, moderate pain in the left wrist and pain, stiffness and popping in the bilateral knees. She rated her right wrist pain a 7-8 on a 10-point scale and her left wrist pain a 4-5 on a 10-point scale. On exam she had very limited range of motion of the wrists with crepitus noted. Her wrists were tender to palpation. The treatment plan includes Relafen and low profile custom molded thermoplastic wrist orthotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom molded thermoplastic orthotics (bilateral wrists): 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), 20 Annual Edition & Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), 13th Annual Edition, 2015, Chapter: Forearm, Wrist and Hand, Splint, arthritis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-6, Postsurgical Treatment Guidelines Page(s): 15-6.

Decision rationale: Orthotics or orthosis are splinting devices developed to assist, resist, facilitate, stabilize or improve range of motion and functional capacity of a specific joint. They can be custom-made specifically to address the pathological features of the patient's condition or available off-the-shelf made to immobilize a specific joint. When used to treat carpal tunnel syndrome the MTUS notes that a home therapy program is superior to extended splinting but nighttime splinting using neutral wrist splint is part of the initial treatment of this disorder. There is no documentation in the records available for review that splinting has been used to treat this patient's wrist symptoms or that the patient has failed use of off-the-shelf neutral wrist splints. The provider has not documented specific reasons for recommending an orthotic device that does not follow the MTUS guidelines. Therefore, the request for custom wrist orthotics is not medically necessary.