

<b>Case Number:</b>	CM15-0118827		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	08/06/2009
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Pennsylvania, Ohio, 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 56 year old female who sustained an industrial injury on August 6, 2009. She has reported left wrist pain and has been diagnosed with joint pain and wrist pain. Treatment has included medications. Inspection of the left wrist revealed left volar and dorsal scar, radial scar. Range of motion was restricted with 0 degrees of flexion/extension at the wrist. There was tenderness to palpation over the radial side and ulnar side. There was a screw palpable at the mid wrist that was tender. The treatment request included an orthopedic bracing left thumb spica splint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left thumb Spica splint (short and black): 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 (ODG) Treatment in Workers Compensation, Online Version, Chapter: Forearm, Wrist and Hand, Splints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

**Decision rationale:** ACOEM recommends limiting motion of inflamed structures with an orthosis. However, the records indicate that a left thumb orthosis was previously prescribed. The rationale for an additional or replacement orthosis is not apparent from the medical records or treatment guidelines. Therefore, this request is not medically necessary.