

Case Number:	CM15-0119346		
Date Assigned:	06/29/2015	Date of Injury:	05/03/2014
Decision Date:	07/30/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	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: Texas, New York, 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 applicant is a represented ACE-ESIS beneficiary who has filed a claim for chronic knee, hand, wrist, elbow, and forearm pain reportedly associated with an industrial injury of May 3, 2014. In a Utilization Review report dated June 16, 2015, the claims administrator failed to approve a request for a wrist splint. An office visit dated June 1, 2015 was referenced in the determination. Non-MTUS ODG guidelines were invoked in the determination, despite the fact that the MTUS addressed the topic. The applicant's attorney subsequently appealed. On June 11, 2015, the applicant reported ongoing complaints of wrist, elbow, shoulder, and knee pain. Negative Tinel sign of the wrist was noted. The applicant was reportedly using a wrist splint, it was stated. Authorization for shoulder and knee arthroscopies was sought. Tramadol was renewed. The applicant was placed off of work, on total temporary disability. On June 1, 2015, the applicant reported multifocal complaints of shoulder, knee, elbow, and wrist pain. The applicant exhibited negative Tinel, Phalen, and Finkelstein maneuvers about the injured wrist. Diminished flexion and extension were reported with intact radial deviation and ulnar deviation. Authorization for shoulder surgery, knee surgery, and multiple topical medications was sought. Flexeril, Protonix, and the wrist splint in question were endorsed while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request, left wrist splint for the service date 6/1/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (Web) 2014, Forearm, Wrist and Hand, Splints.

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

Decision rationale: No, the wrist splint in question was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 does recommend splinting as a first-line conservative treatment for carpal tunnel syndrome, de Quervain tenosynovitis, strains, etc., here, however, it was not clearly stated for what issue, diagnosis, and/or purpose that the splint was endorsed. Little-to-no narrative commentary or rationale accompanied the June 1, 2015 request for the splint. ACOEM Chapter 11, Table 11-7, page 272 cautions against prolonged splinting, notes that it can lead to weakness and stiffness. Here, it was not clearly stated or clearly established why splinting was being induced at this relatively late stage in the course of the claim, over a year removed from the date of injury, May 3, 2014, as of the date the splint was dispensed, June 1, 2015. Therefore, the request was not medically necessary.