

Case Number:	CM15-0168290		
Date Assigned:	10/01/2015	Date of Injury:	09/11/2014
Decision Date:	11/13/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/26/2015

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, Illinois

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 35 year old male who sustained an industrial injury on 09-11-2014. According to an evaluation report dated 07-07-2015, the injured worker reported right index finger tingling and burning sensation. Physical examination of the right upper extremity revealed positive Phalen's test, positive Tinel sign and positive compression testing over the median nerve with numbness of the thumb, index and middle finger at approximately 5 seconds. Mild thenar atrophy and mild abductor pollicis brevis weakness was noted. Durkan's test, Prayer sign and axial grind test was positive. Positive pain in the anatomic snuffbox was noted. Positive pain on ulnar and radial deviation of the wrist was noted. Positive pain on wrist extension and wrist flexion was noted. There appeared to be a nail infection of the right index finger. There was limited range of motion of the right index finger. The provider noted that only aggressive passive range of motion in terms of flexion of index finger elicits thenar touch. The injured worker lacked full range of motion on active range of motion of the index finger. Diagnoses included right upper extremity sprain, rule out right carpal tunnel syndrome, right wrist MRI showed subchondral cyst, decreased range of motion of the right index finger and history of remote laceration to the right thenar eminence. The treatment plan included spica splint to be worn at night, follow-up in one month, start physical therapy for the right hand and wrist and reorder electromyography of the right upper extremity to rule out right carpal tunnel syndrome. An authorization request dated 07-07-2015 was submitted for review. The requested services included return to clinic in 4-6 weeks, electromyography and nerve conduction velocity study of the uppers, right spica brace and start physical therapy now to right hand and wrist. On 07-24-2015, Utilization Review non-certified the request for right spica brace. Electromyography and nerve conduction velocity studies were non-certified based on a causation issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right spica brace: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care.

Decision rationale: The injured worker sustained a work related injury on 09-11-2014. The medical records provided indicate the diagnosis of wrist pain rule out carpal tunnel syndrome. Treatments have included splinting, physical therapy. The medical records provided for review do not indicate a medical necessity for Right spica brace. The medical records indicate the injured worker sustained injury to the right index finger, but subsequently developed numbness in the right thumb, index and middle finger. The injured worker has been suspected of carpal tunnel syndrome. The MTUS recommends splinting the wrist in neutral position at night as part of the treatment of carpal tunnel syndrome. A thumb Spica splint is a cast or thumb splint used to immobilize the thumb in a fixed position. Therefore, the requested treatment is not medically necessary. Although splinting is recommended, there is no need for thumb spica.