MAXIMUS Federal Services

Case Number:	CM15-0174161		
Date Assigned:	09/17/2015	Date of Injury:	10/10/2014
Decision Date:	10/20/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/03/2015

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: Washington, 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 41 year old male who sustained an industrial injury on 10-10-2014. The injured worker was diagnosed as having left distal radius fracture with fibrocartilage tear status post surgical repair, and left shoulder adhesive capsulitis. Treatment to date has included diagnostics, surgery (left wrist arthroscopy and triangular fibrocartilage complex debridement on 4-22-2015) and medications. The provider's progress note on 7-28-2015 reported the injured worker "feels a little improvement". He was still unable to put pressure on his wrist (gets needle pain) or if he flexed he felt pain on the dorsal side of his wrist. He was still unable to lift heavy things without pain and he had intermittent middle finger numbness. He was not doing work conditioning due to "back issues" and would be starting chiropractic for his back. He continued to wear a static splint and do home exercise program for his wrist. Exam noted grip on left 64-64-65 versus right 99-100-90. Wrist "DF 65, PF50 (both improved)" was documented. Supination was 50, pronation 70, and mild pain at the ulnar wrist was noted. He was still hypersensitive with thick scar along the incision site. Middle fingertip had decreased sensation. A trial of work hardening "again" was recommended as long as it did not aggravate his back symptoms. His work status remained modified. It was documented that if he was unable to complete work hardening because of his back, he would likely become permanent and stationary with ongoing work restrictions as it relates to his wrist. The requested treatment was for a three month rental extension of Static Pro Left Wrist Device, which was non-certified by Utilization Review on 8-28-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Static pro left wrist device 3 month extension: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Immobilization.

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

Decision rationale: A splint is a medical device classified medically as durable medical equipment and used to immobilize a part of the body. It is an acceptable nonpharmacologic treatment used to help support painful or unstable joints. ACOEM guidelines note prolonged post-operative splinting is a therapeutic option even though prolonged use can lead to weakness and stiffness if not used in conjunction with rehabilitative exercises and home exercise program. This patient is post-op and still requires splinting. The provider has noted ongoing home exercise program and has ordered work-hardening rehabilitation. Medical necessity for prolonged use of a wrist splint has been established.