

Case Number:	CM15-0078523		
Date Assigned:	04/29/2015	Date of Injury:	03/25/2011
Decision Date:	05/28/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/24/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 31 year old female, who sustained an industrial injury on 3/25/11. She reported a left wrist injury. The injured worker was diagnosed as having right DeQuervain's tenosynovitis and recurrent ganglion cyst. Treatment to date has included left wrist surgery, physical therapy, left wrist injections, oral medications and home exercise program. Currently, the injured worker complains of left and right wrist pain. Physical exam was not abnormal. A request for authorization was submitted for retro trigger injection, thumb Spica splint and follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Right Thumb Spica on 11/10/14: 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 Treatment in Workers' Compensation, Online Edition Chapter: Forearm, Wrist, & Hand (Acute & Chronic) Splints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Splinting.

Decision rationale: Pursuant to the Official Disability Guidelines, and retrospective right thumb Spica date of service November 10, 2014 is not medically necessary. The ACOEM, Chapter 11, table 11-7 recommends splinting as a first-line conservative measure for carpal tunnel syndrome, DeQuervains, strains. In this case, the injured worker's working diagnosis is right DeQuervains tenosynovitis. The date of injury is March 25, 2011. On November 10th 2014, the injured worker underwent excision of a ganglion on the dorsal left wrist. The worker sustained a recurrence. Electrodiagnostic studies were performed on the left wrist that showed mild carpal tunnel syndrome. The injured worker developed right De Quervain's tenosynovitis. On November 10, 2014, the documentation states the injured worker failed bracing and two injections. A third injection was provided. There was a single progress note regarding the DeQuervains on the right. There were no clinical records prior to the November 10, 2014 progress note addressing the right DeQuervain's. The treating provider stated "In the meantime she was provided a new thumb Spica splint." The documentation is unclear as to whether the injured worker was using a thumb Spica splint during the course of treatment. There is no documentation regarding objective functional improvement with the first thumb Spica splint. Earlier documentation addressed the dorsal ganglion cyst with a recurrence on the left. Consequently, absent clinical documentation with objective functional improvement with clarification of prior thumb Spica bracing, retrospective right thumb Spica date of service November 10, 2014 is not medically necessary.