

<b>Case Number:</b>	CM13-0045949		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/16/2008
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 65-year-old female who was injured on September 16, 2008. According to the October 18, 2013 report from [REDACTED], she had a crush injury to the left hand. She was diagnosed with left thumb carpometacarpal (CMC) arthritis and underwent CMC resection arthroplasty in April 2013, and despite therapy, the condition plateaued and she developed swan neck deformities that have progressed over the past several months. [REDACTED] recommends starting physical therapy and occupational therapy two (2) times a week for six (6) weeks and a custom hand splint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for occupational therapy two (2) times a week for six (6) weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Sprains and strains of wrist and hand; ODG Physical/Occupational Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** On October 18, 2013, the patient presents outside of the California MTUS post-surgical physical medicine treatment timeframe for the April 5, 2013 left thumb CMC arthroplasty. The patient was reported to have reached a plateau with post-surgical physical therapy, the Chronic Pain Medical Treatment guidelines apply. The California MTUS guidelines state 8-10 sessions of physical therapy or occupational therapy are indicated for various myalgias and neuralgias. The request for 12 sessions of occupational therapy will exceed the California MTUS guideline recommendations. Therefore, the request is not certified.

**The request for a custom left index finger proximal interphalangeal (PIP) joint splint:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273, table 11-7.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter.

**Decision rationale:** The California MTUS/ACOEM chapters discuss splinting for wrist and deQuervains, but do not discuss splinting for arthritis or post CMC arthroplasty, the ODG guidelines were consulted. The ODG states that "a recent randomized controlled study concluded that prefabricated wrist working splints are highly effective in reducing wrist pain after 4 weeks of splint wearing in patients with wrist arthritis. Hand splints can ease arthritis pain, according to a new systematic review. Short and rigid day splints cut hand pain in half after six months of use, according to one high-quality study. Another study found that hand pain was also cut in half by wearing a long rigid splint every night for a year, but the splints usually did not improve hand function or strength. The findings mean that splints have about the same effect on pain as ibuprofen, the most common drug in osteoarthritis. A small splint for pain relief during the day combined with a custom-made and rigid splint for prevention of deformities at night may be an optimal regimen." The ODG states a small splint for pain relief during the day and a custom-made and rigid splint for prevention of deformities at night may be an optimal regimen. The request for the customs rigid splint appears to be in accordance with ODG guidelines. Therefore, the request is certified.