

<b>Case Number:</b>	CM14-0002728		
<b>Date Assigned:</b>	05/23/2014	<b>Date of Injury:</b>	09/29/2011
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery, 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 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/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 claimant is a 56-year-old female whose date of work-related injury is documented as September 29, 2011. The records available for review state that the claimant injured her right hand and wrist secondary to repetitive motion. Diagnosed with basilar thumb osteoarthritis, the claimant underwent conservative treatment, including management with medications, injection therapy and activity restrictions. A December 10, 2013, progress report documents continued complaints of pain and states that the claimant experienced short-term relief with recent injection. Objective findings show basilar joint tenderness and a positive grind test. The report of plain film radiographs dated December 20, 2013, show early, Stage II basilar joint thumb arthritis. Based on unsuccessful conservative care, this request is for interposition arthroplasty for definitive treatment, eight sessions of post-operative occupational therapy and a post-operative splint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT LIGAMENT TENDON INTERPOSITION, FOREARM TENDON TRANSFER, FOREARM TENDON GRAFT:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: forearm, wrist, hand procedure - Arthrodesis (fusion) Recommended in severe posttraumatic arthritis of the wrist or thumb or digit after 6 months of conservative therapy. Total wrist arthrodesis is regarded as the most predictable way to relieve the pain of posttraumatic wrist arthritis. Total wrist fusion diminishes pain, but wrist function is sacrificed. Patients may have functional limitations interfering with lifestyle, and total fusion does not always result in complete pain relief. Arthrodesis (fusion) provides a pain-free stable joint with a sacrifice of motion. It may be indicated in young patients in whom heavy loading is likely; in joints with a fixed, painful deformity, instability, or loss of motor; and in the salvage of failed implant arthroplasty. Arthrodesis of the metacarpophalangeal joint of the thumb gives reliable results, with high patient acceptance, but does not result in an entirely normal thumb or hand function. (Wieloch, 2006) (Ellis, 1989) (Lourie, 2001) (Edmunds, 1994) (Adey, 2005) (Rauhaniemi, 2005) (Ghattas, 2005) Postoperative treatment: Plaster splint for 5 days, then early functional treatment. (Marti, 2006).

**Decision rationale:** According to California MTUS ACOEM Guidelines and Official Disability Guidelines, the request for surgical intervention to include an interposition arthroplasty of the right carpometacarpal joint of the thumb would be supported. The claimant's records document significant degenerative arthrosis and at least six months of unsuccessful conservative care, which included injections, physical therapy and immobilization. Given the objective findings in this case and unsuccessful conservative treatment, this request would be established as medically necessary.

**POST OPERATIVE OCCUPATIONAL THERAPY 2X4:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Based on California MTUS postsurgical rehabilitative guidelines eight sessions of initial physical therapy also would be supported. Guidelines would support up to 24 visits of therapy over an eight week period of time. This specific request for eight initial sessions of occupational therapy would be supported. According to California MTUS Postsurgical Rehabilitative Guidelines, eight sessions of post-operative occupational therapy would be supported in this case. The Postsurgical Guidelines recommend up to 24 sessions of rehabilitation therapy over an eight-week period. This request falls within the guidelines criteria and, therefore, can be established as medically necessary.

**PURCHASE OF POST OPERATIVE SPLINT:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: forearm, wrist, hand procedure - Splints Recommended for treating displaced fractures. Immobilization is standard for fracture healing although patient satisfaction is higher with splinting rather than casting. Treating fractures of the distal radius with casting versus splinting has no clinical difference in outcome. See also Casting versus splints. Mallet finger: treatment commonly involves splinting of the finger for six or more weeks. Splints used for prolonged immobilization should be robust enough for everyday use, and of the central importance of patient adherence to instructions for splint use. (Handoll-Cochrane, 2004) For rheumatoid arthritis, there was generally a positive effect of splint use on hand function; however, perceived splint benefit was marginal. For most tasks splint use improved or did not change pain levels, did not interfere with work performance, increased or maintained endurance, and did not increase perceived task difficulty. The findings suggest that wrist splint prescription is not a simple process; clinicians and clients need to work together to determine the daily wear pattern that maximizes benefit and minimizes inconvenience according to the client's individual needs. (Pagnotta, 2005) See also Mallet finger (splinting) Following tendon repair: Recovery of finger function after primary extensor tendon repair depends on the complexity of trauma and the anatomical zone of tendon injury. Static splinting is an appropriate tool after primary extensor tendon repair in Verdan's zone 1, 2, 4 and 5, whereas injuries in zones 3 and 6 may demand for a different treatment regimen. (Carl, 2007) Arthritis: 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. (Veehof, 2008) 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 didn't 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. (Kjeken, 2011) See also Casting; Casting versus splints.

**Decision rationale:** Based on the California MTUS ACOEM Guidelines and supported by the Official Disability Guidelines, the request for a post-operative splint is recommended as medically necessary. In the period following thumb arthroplasty, appropriate immobilization is medically necessary. Therefore, this request for a post-operative splint is medically necessary.