

<b>Case Number:</b>	CM14-0138940		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	09/03/2008
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Family Practice 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:

32 yr. old female claimant sustained a work injury on 9/39/08 involving the right hand and left upper extremity. He was diagnosed with DeQuervain's tenosynovitis of the right hand, bilateral carpal tunnel syndrome, cervicgia and left lateral epicondylitis. A progress note on 2/24/14 indicated the claimant had 5/10 pain. Exam findings were notable for right anatomical snuff box tenderness. She was using a thumb spica splint at the time for her wrists. A progress note on 7/16/14 indicated the claimant had continued 5/10 pain in the right thumb. She had well healed surgical scars from bilateral carpal tunnel release. She had continued bilateral anatomical snuff box tenderness. She was recommended to need a right thumb spica splint for DeQuervains.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thumb Spica Splint for the right hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** According to the ACOEM guidelines, wrist splinting is recommended for 1st line conservative treatment for carpal tunnel and Dequervain's. In this case, the claimant had

the diagnoses for years and had been using a splint for months. Long-term use is not recommended and had insufficient evidence for long-term use. The request above is not medically necessary.