

<b>Case Number:</b>	CM14-0153469		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	04/05/1996
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 patient is a 61 year old female with date of injury 4/5/96. The treating physician report dated 7/21/14 indicates that the patient presents with chronic pain affecting the left radial wrist and right thumb. The patient has been wearing a brace 90% of the time on the left and 30% of the time on the right. The physical examination findings reveal right thumb A1 pulley tenderness, no triggering, pain to the wrists bilaterally with dorsiflexion, left thumb pain at the base with positive grind test and clicking. The current diagnoses are: 1.S/P right trigger thumb release with painful scar2.S/P right sub muscular and left subcutaneous ulnar nerve transpositions3.S/P left de Quervain's release4.S/P left shoulder decompression5.Left thumb basilar joint arthritis, Eaton stage IIThe utilization review report dated 9/17/14 denied the request for right wrist splint based on the ACOEM guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for right wrist splint (DOS 7/21/14):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand (Acute & Chronic)

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

**Decision rationale:** The patient presents status 9 months post right trigger thumb release with continued pain affecting the left wrist and right thumb. The current request is for Retrospective request for right wrist splint (DOS 7/21/14). The treating physician notes that the patient has been able to return to normal work duties while wearing wrist braces. The physician states that new wrist splints were dispensed and to be worn while she is working. The ODG guidelines support splints for patients with displaced fractures, mallet finger, rheumatoid arthritis, after extensor tendon repair and arthritic pain. In this case the patient has been diagnosed with arthritic pain and has been able to return to work with usage of a wrist brace. Recommendation is medically necessary.