

Case Number:	CM14-0024344		
Date Assigned:	06/11/2014	Date of Injury:	12/10/2012
Decision Date:	07/15/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/26/2014

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 Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 23 year old male who reported an injury to his left thumb. The clinical note dated 04/29/13 indicates the injured worker having fallen through a deck approximately 6 feet when he injured his left ankle, left wrist, and the thumb. The note indicates the injured worker was treated with rest, medications, and physical therapy. The injured worker continued with complaints of pain at the left wrist and thumb. The note indicates the injured worker continuing with swelling as well. Upon exam, marked pain was identified at the carpometacarpal (CMC) joint of the left thumb along with swelling. Decreased range of motion was also identified. The injured worker failed to reach the 5th metacarpal head by over an inch secondary to ongoing pain. Tenderness and swelling were identified in the region as well. The MRI of the left hand/thumb dated 05/17/13 revealed mild degenerative changes at the 1st carpal metacarpal joint with mild joint space narrowing, osseous ridging, and minimal subchondral edema. No evidence of a fracture was identified. The clinical note dated 02/25/14 indicates the injured worker having been diagnosed with 3h osteoarthritis at the base of the carpometacarpal (CMC) joint at the left thumb. The note indicates the injured worker having previously undergone treatment with a thumb spica splint for an extended period of time. The splint was identified as breaking down and was starting to crack.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: CUSTOM THUMB SPICA SPLINT FOR THE LEFT THUMB: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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, Splints.

Decision rationale: The request for a custom thumb spica splint for the left thumb is not medically necessary. The documentation indicates the injured worker complaining of left thumb pain. A customized splint of the thumb is indicated for injured workers who have demonstrated significant functional deficits at the left thumb and are likely to benefit from the use of a custom splint. No information was submitted regarding the need for a customized splint at the left thumb. Additionally, no updated information was submitted regarding the injured worker's ongoing functional deficits at the left thumb. Given these factors, this request is not medically necessary.