

<b>Case Number:</b>	CM14-0026569		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	08/13/2013
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 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 applicant is a represented [REDACTED] employee who has filed a claim for hand and wrist pain reportedly associated with an industrial injury of August 13, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; electrodiagnostic testing of December 19, 2013, apparently suggestive of a right C7 radiculopathy; x-rays of the hand, which, per the claims administrator, showed fractures about the hand and thumb; and several months off of work. In a Utilization Review Report dated February 18, 2014, the claims administrator denied a request for a thumb spica splint, stating that the attending provider's documentation was not suggestive of right wrist or thumb pathology so as to justify usage of a thumb spica brace. Both MTUS and non-MTUS Guidelines were cited. A February 3, 2014 progress note was notable for comments that the applicant reported persistent complaints of shoulder pain, 7/10. The applicant was also having pain about the right thumb and the MCP joint, it was stated. Numbness and tingling were noted about the little and ring fingers. Tenderness is noted about the thumb MCP joint, it was stated. The applicant was given various diagnoses, including strain of the metacarpal joint of the thumb, labral tear, shoulder dislocation, and/or cubital tunnel syndrome. The applicant was described as having a thumb ulnar collateral ligament sprain. It was stated that the applicant could benefit from a thumb brace for stabilization and comfort purposes. An elbow pad and authorization for shoulder surgery were also sought. The applicant was placed off of work, on total temporary disability. The applicant was again placed off of work on an earlier note of January 13, 2014. On December 2, 2013, the applicant was incidentally described as having pain about the dorsal aspect of the hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE THUMB SPICA BRACE:** Overturned

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

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 72, splinting is "recommended" as first-line conservative treatment for carpal tunnel syndrome, de Quervain's tenosynovitis, and strains. In this case, the attending provider has posited that the applicant in fact has a strain of the MCP joint of the thumb. In this case, the attending provider posits that the applicant in fact carries a diagnosis of strain of MCP joint of the thumb. The applicant also has apparent tenderness about the dorsal aspect of the hands, suggestive of de Quervain's tenosynovitis. A thumb spica brace is an appropriate treatment for the sprain injury seemingly outlined by the attending provider. Therefore, the request is medically necessary.