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| <b>Case Number:</b>   | CM14-0035167 |                              |            |
| <b>Date Assigned:</b> | 04/04/2014   | <b>Date of Injury:</b>       | 08/01/2013 |
| <b>Decision Date:</b> | 05/06/2014   | <b>UR Denial Date:</b>       | 12/26/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/10/2014 |

### 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 Surgeon and is licensed to practice in Georgia. 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 75-year-old male who reported an injury on 08/01/2013; the mechanism of injury reported was a fall. The clinical note dated 10/07/2013 noted that the injured worker reported complaints of head pain, right shoulder pain, right elbow pain, bilateral hand pain, and left knee pain. The injured worker reports discomfort in the left hand with decreased grip with swelling that comes and goes over activity. The injured worker has mild pain in both hands that comes and goes and is decreased with rest and the use of ice. The injured worker denies any numbness and tingling. The only noted medication listed for the injured worker was acetaminophen. On physical exam, upon examination, the injured worker is noted to have 0 degrees of radial deviation in the wrist range of motion on the left side. The left side has 30 degrees of palmer flexion, 40 degrees of dorsiflexion, and 30 degrees of ulnar deviation. The injured worker was noted to be positive for carpal compression on the right side. The left wrist was noted to be painful over the radio carpal articulation. There is crepitus noted in the left wrist with range of motion testing. There was noted hypertrophy at the joint of the left and right thumb; however, the right thumb was very painful to palpation. The metacarpal grind test was positive on the right. The injured worker was noted to be unable to approximate all fingertips to the mid palmer crease. On the right side, there was restricted range of motion and a 2 cm gap from the fingertips to the mid palmer crease. On the left side, the index finger misses by .5 cm. A diagnostic study review for x-rays of right thumb taken on 10/07/2013 shows advanced arthropathy of the metatarsophalangeal with a subluxation of the joint. Diagnoses for the injured worker are right shoulder severe impingement syndrome with probable rotator cuff tendon tear; right thumb arthropathy, carpal metacarpal joint; left hand/wrist radio carpal arthrosis; contusion of the head with persistent headaches, mild concussion; cervical spine sprain/strain with advanced degenerative disc disease; left knee osteo-arthropathy (medial compartment and

patellofemoral); contusion olecranon, right elbow. The treatment plan was cortisone injection to the thumb, and a spica splint for the fight thumb.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **SPICA BRACE FOR THE LEFT THUMB: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation SUMMARY OF RECOMMENDATIONS AND EVIDENCE, FOREARM WRIST AND HAND COMPLAINTS, 271-273

**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, & HAND (ACUTE & CHRONIC), SPLINTS

**Decision rationale:** The Official Disability Guidelines refer to splinting for rheumatoid arthritis as there was generally a positive effect on the splint on a hand function; however, splinting benefit for fingers was marginal. The Official Disability Guidelines have found the finding from splints is that they have the same effect on pain as ibuprofen, the most common drug for osteoarthritis. A small splint for pain relief during the day combined with custom-made and rigid splint for prevention of deformities at night may be an optimal regimen. The documentation provided for review noted that the injured worker was only taking over the counter Tylenol for pain; therefore, no NSAIDs had been prescribed or were being taken by the injured worker. The documentation noted that the injured worker had been to therapy, but there was no documentation provided for review to note what areas of the body were being treated in therapy or the effectiveness of the therapy on the injured worker's body. Therefore, the request is non-certified.