

<b>Case Number:</b>	CM15-0107816		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	04/10/2005
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 57 year old female, who sustained an industrial injury on 4/10/05. She reported injury to her back and left side after a slip and fall accident. The injured worker was diagnosed as having carpal-metacarpal (CMC) joint disease left thumb and left elbow lateral epicondylitis. Comorbid conditions include diabetes, breast cancer and schizophrenia. Treatment to date has included Fentanyl, Dilaudid, a left carpal tunnel release and psychiatric treatments. There is no documentation that the injured worker had physical therapy or home exercise program in the case file. As of the PR2 dated 4/13/15, the injured worker reports continued problems with her left knee and left upper extremity with pain at the CMC joint. On exam, there is pain and tenderness of the CMC joint and weak grip strength. X-rays were taken at the visit and showed left wrist degenerative arthritis of the CMC joint and narrowing of the CMC joint. The treating physician requested a custom CMC joint splint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom CMC joint splint:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand, Office Visits.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-5, 272. Decision based on Non-MTUS Citation Sinusas K. Osteoarthritis: Diagnosis and Treatment. Am Fam Physician. 2012 Jan 1;85(1):49-56.

**Decision rationale:** A splint is a medical device classified medically as durable medical equipment and used to immobilize a part of the body. It is an acceptable non-pharmacologic treatment used to help support painful or unstable joints. ACOEM guidelines note it is effective for acute flares or chronic hand osteoarthritis. This patient is suffering from osteoarthritis of the carpal-metacarpal joint of her left thumb. At this point in her care, use of a splint is an appropriate option in her therapy. The request is medically necessary.