

<b>Case Number:</b>	CM15-0168498		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	07/01/2007
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Physical Medicine & Rehabilitation

### 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 60 year old male, who sustained an industrial injury on 7-1-07. He reported right wrist, right hand, right thumb, and bilateral upper extremity pain. The injured worker was diagnosed as having crush injury of the right thumb or wrist with a history of a fracture at the base of the right thumb, status post right thumb carpometacarpal arthroplasty on 11-4-10 with residuals and right carpal tunnel syndrome. Treatment to date has included medication. On 7-8-15 physical examination findings included tenderness to palpation about the carpometacarpal joint of the right thumb. Distal sensation was intact and weakness in grip strength was noted. Currently, the injured worker complains of bilateral thumb pain with stiffness and difficulty grasping. The treating physician requested authorization for a left thumb carpometacarpal brace. On 7-28-15 the request was non-certified; the utilization review physician noted "while it was noted that the patient had a diagnosis of carpal tunnel syndrome per electromyogram, the studies were not provided for review and the patient does not have any significant evidence that would support the request for a carpometacarpal left thumb brace."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left thumb carpometacarpal brace:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2014, Forearm/wrist/hand, Immobilization.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** The patient presents on 07/08/15 with intermittent right shoulder pain and bilateral thumb pain with difficulty grasping objects. The patient's date of injury is 07/01/07. Patient is status post crush injury to the right hand and wrist has no surgical history in the left hand/thumb. The request is for left thumb carpometacarpal brace. The RFA is dated 07/21/15. Physical examination dated 07/08/15 reveals tenderness to palpation of the left thumb proximal to the CMC joint, mildly positive grind test, and limited range of motion with abduction and flexion. The patient is currently prescribed Naproxen, Tramadol, and Voltaren gel. Patient's current work status is not provided. MTUS/ACOEM Guidelines, Chapter 11, page 271 has the following in table 11-7: "Rest and Immobilization... Splinting as first-line conservative treatment for CTS, DeQuervain's, strains, etc." In this case, the provider is requesting a carpometacarpal brace for this patient's continuing left thumb complaint. Per progress note 07/08/15, this patient presents with a history of crush injury to the right wrist/hand, and it appears that the left hand complaints are secondary to compensatory use of the left hand with evidence on physical examination of positive grind test in the thumb joint. There is no evidence that this patient has been issued any DME bracing for his hand complaint to date. MTUS/ACOEM guidelines recommend conservative measures such as bracing/splinting for complaints of this nature. Given the lack of bracing to date, and this patient's continuing thumb complaint, a brace could provide some functional benefits and improve this patient's course of care. Therefore, the request is medically necessary.