

<b>Case Number:</b>	CM15-0168797		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	05/09/2014
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/04/2015
<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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This is a 60 year old female with a date of injury of May 9, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral thumb carpometacarpal-pantrapezial osteoarthritis, bilateral median nerve entrapment at the wrists, rule out bilateral ulnar nerve entrapment at the elbows, right thumb flexor tenosynovitis with no frank triggering, and left thumb flexor tenosynovitis with triggering. Medical records (April 3, 2015) indicate that the injured worker complains of bilateral hand pain rated at a level of 7 out of 10, and left thumb pain rated at a level of 7 to 8 out of 10. Medical records (July 27, 2015) noted complaints of occasional to frequent moderate pain in the bilateral hands with left thumb triggering and the right thumb beginning to trigger. The injured worker also noted slight tingling in the arms and hands, and intermittent slight numbness in the arms and hands. Per the treating physician (July 27, 2015), the employee was to continue with previous work restrictions, including no lifting of more than ten pounds, no repetitive or forceful gripping or grasping, no pushing or pulling over ten pounds, no keyboarding in excess of thirty minutes with thirty minute breaks in between and no overhead work at or above the shoulder level. The physical exam (July 27, 2015) reveals full strength of the bilateral fingers and thumbs, normal sensation of the hands, positive Phalen's test and Durkan's compression bilaterally, tenderness of the bilateral carpometacarpal joint, tenderness of the bilateral metacarpal shaft, tenderness of the bilateral metacarpophalangeal joint, and decreased grip and pinch of the left hand compared to the right. Treatment has included right hand injections, medications (Diclofenac since at least July 18, 2014; Gabapentin on July 18, 2014; Tramadol on July 18, 2014; Ambien since at least July 18,

2014), and x-rays of the bilateral hands and wrists (July 27, 2015) that showed right pantrapezial thumb osteoarthritis, right mild radiocarpal osteoarthritis, distal interphalangeal joint space narrowing at the right ring and small fingers, proximal interphalangeal joint space narrowing at the right small finger, left thumb pantrapezial osteoarthritis, left thumb metacarpophalangeal joint osteoarthritis, narrowing with deviation at the index finger distal interphalangeal joint, distal interphalangeal joint space narrowing at the left middle, ring and small fingers, and proximal interphalangeal joint space narrowing at the left ring and small fingers. The original utilization review (August 4, 2015) non-certified a request for a left exos thumb spica splint and a right short arm thumb spica splint.

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

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

**Left exos thumb spica splint:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, hand-splinting.

**Decision rationale:** Left exos thumb spica splint is not medically necessary per the MTUS Guidelines and the ODG. The ODG recommends splinting for the wrist/hand for treating displaced fractures. The MTUS states that DeQuervain's tendinitis, if not severe, may be treated with a wrist-and-thumb splint and acetaminophen, then NSAIDs, if tolerated, for four weeks before a corticosteroid injection is considered. Any splinting or limitations placed on hand, wrist, and forearm activity should not interfere with total body activity in a major way. The documentation does not reveal a rationale for the current splints or what type of splints the patient currently has therefore this request is not medically necessary.

**Right short arm thumb spica splint:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, hand-splinting.

**Decision rationale:** Right short arm thumb spica splint is not medically necessary per the MTUS Guidelines and the ODG. The ODG recommends splinting for the wrist/hand for treating displaced fractures. The MTUS states that DeQuervain's tendinitis, if not severe, may be treated with a wrist-and-thumb splint and acetaminophen, then NSAIDs, if tolerated, for four weeks before a corticosteroid injection is considered. Any splinting or limitations placed on hand, wrist, and forearm activity should not interfere with total body activity in a major way. The documentation does not reveal a rationale for the current splints or what type of splints the patient currently has therefore this request is not medically necessary.

