

<b>Case Number:</b>	CM15-0191147		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	04/02/2012
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	08/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of April 2, 2012. In a Utilization Review report dated August 27, 2015, the claims administrator failed to approve a request for a custom short opponens splint. The claims administrator referenced an RFA form received on August 24, 2015 and an associated progress note dated August 7, 2015 in its determination. The applicant's attorney subsequently appealed. On said August 7, 2015 office visit, the applicant reported ongoing complaints of bilateral digital paresthesias. The applicant had undergone earlier left and right carpal tunnel release surgeries in 2013 and 2014, it was reported. The applicant was also described as having issues with thumb arthritis. Short opponens bracing for thumb arthritis was suggested. The claimant was described as having multiple comorbidities to include hypertension, diabetes, and heart disease. The applicant's work status was not detailed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Left hand custom short opponens splint: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal tunnel syndrome (Acute & Chronic) - Splinting.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Hand, Wrist, and Forearm Disorders, 3rd ed., pg. 834.

**Decision rationale:** Yes, the request for a left hand custom short opponens splint was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic of splinting for applicants who carry a diagnosis of hand arthritis, as was seemingly present here. The treating provider reported on August 7, 2015 that the applicant carried a diagnosis of first CMC joint osteoarthritis. The Third Edition ACOEM Guidelines Hand, Wrist, and Forearm Disorders Chapter notes, however, that splinting is recommended in the treatment of hand osteoarthritis, as was present here and further notes that either prefabricated or custom-made orthoses may be employed. Here, the request for thumb splinting to ameliorate issues with hand arthritis was, thus, indicated, appropriate, and in-line with the ACOEM parameters. Therefore, the request was medically necessary.