

Case Number:	CM15-0069140		
Date Assigned:	04/16/2015	Date of Injury:	10/03/2014
Decision Date:	07/20/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/13/2015

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, Florida, 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 65-year-old female who reported an industrial injury on 10/3/2014. Her diagnoses, and/or impressions, are noted to include severe right thumb carpometacarpal joint osteoarthritis, status-post Cortisone injection; right thumb carpometacarpal joint capsulitis; left thumb carpometacarpal joint osteoarthritis, status-post Cortisone injection; and left thumb carpometacarpal joint capsulitis. No current imaging studies are noted. Her treatments have included diagnostic studies; Cortisone injections to bilateral thumbs - ineffective; the wearing of splints while at work; and modified work duties. The progress notes of 4/29/2015 reported complaints of intermittent, moderate, throbbing, bilateral thumb "CMC" osteoarthritis pain that worsens with use and is improved with rest, is associated with swelling and is worse on the left; and that she was responding well from wearing her right brace, but that her left custom splint had been denied. Objective findings were noted to include no acute distress; tenderness at the left thumb "CMC" joint that is with minimal-mild swelling and decreased range-of-motion of the thumb with adduction only to the middle finger axis; and no abnormal findings of the left hand, wrist, forearm and elbow. The physician's requests for treatments were noted to include a custom made left hand splint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Made Splint for the left hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wheelless's Textbook of Orthopedics, CMC Joint/CMC Arthritis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 11, page 264.

Decision rationale: This claimant was injured in 2014. There was right thumb degenerative osteoarthritis, and right thumb capsulitis post steroid injection. There is no acute distress, but tenderness and decreased range of motion. The California MTUS-ACOEM guides, Chapter 11 for the Forearm, Wrist and Hand note, on page 263-264 speak to splints only in the context of carpal tunnel syndrome. Initial treatment of carpal tunnel syndrome (CTS) should include night splints. Day splints can be considered for patient comfort as needed to reduce pain, along with work modifications. When treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day, depending upon activity. I did not find the claimant had a condition supported for splinting under MTUS. Further, splinting increases immobility, where what the patient appears to need is work in enhanced range of motion, not splinting. The request was appropriately not medically necessary.