

<b>Case Number:</b>	CM14-0122099		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 40-year-old gentleman was reportedly injured on September 24, 2012. The most recent progress note, dated July 1, 2014, indicates that there are ongoing complaints of increasing home pain at the base of his left thumb. The physical examination demonstrated enlargement of the metacarpophalangeal joint and a positive grind test. There was pain with axial loading and subluxation of the joint. There was a diagnosis of a left thumb intra-articular fracture at the base of the first metacarpal and trapezium metacarpal joint arthritis. Diagnostic imaging studies were not available. Previous treatment includes oral medications. A request had been made for a custom made splint for the left thumb and was not certified in the pre-authorization process on July 16, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom Made Splint Left Thumb:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand, Splints, Updated August 8, 2014

**Decision rationale:** According to the Official Disability Guidelines studies indicate that prefabricated splints are helpful in reducing wrist pain secondary to arthritis. Additionally hand splints were stated to ease arthritic pain. The injured employee was stated to have arthritis at the base of the left thumb. However, there is no justification indicated for a custom made splint rather than a prefabricated type. Considering this, the request for a custom made splint for the left thumb is not medically necessary.