

Case Number:	CM14-0213415		
Date Assigned:	12/30/2014	Date of Injury:	05/20/2009
Decision Date:	02/24/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: Orthopedic Surgery

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 38 year old female with a 5/20/09 injury date. The mechanism of injury was described as continuous trauma, repetitive stress injury to the fingers. In an 11/18/14 note, the patient complained of triggering and locking of the right index and ring fingers. Objective findings included a surgical bandage over the right index finger from recent trigger finger surgery. The provider requested various types of splinting to assist in treating finger stiffness that resulted from trigger finger syndrome. Diagnostic impression: right index and ring finger triggering. Treatment to date: medications, left trigger thumb release, right index trigger finger release, physical therapy, steroid injection. A UR decision on 12/9/14 denied the request for LMB and joint jack splints for the fingers because the patient has triggering of the fingers for which a custom static progressive extension splint is indicated to regain range of motion. This latter type of splint was approved as part of the UR decision. The request for custom night static finger splints was denied for the same reason.

IMR ISSUES, DECISIONS AND RATIONALES

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

LMB & joint jack splints, right index and right ring fingers: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand, Splints

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 Chapter--Static progressive stretch (SPS) therapy. Other Medical Treatment Guideline or Medical Evidence: The Joint Jack Company, [REDACTED]

Decision rationale: California MTUS does not address this issue. The Joint Jack LMB splint is an adjustable spring extension splint to assist the proximal interphalangeal joint into increased extension. ODG states that static progressive stretch (SPS) therapy uses mechanical devices for joint stiffness and contracture to be worn across a stiff or contracted joint and provide incremented tension in order to increase range of motion. However, this type of device was already approved in the recent UR decision as a satisfactory treatment device for trigger finger stiffness. There was no additional information or detailed physical exam available that would support the use of additional types of splints at this time. Therefore, the request for LMB & joint jack splints, right index and right ring fingers is not medically necessary.

Custom night static right index & right ring fingers: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand, Splints

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 Chapter--Splints.

Decision rationale: California MTUS does not address this issue. Official Disability Guidelines (ODG) states that short and rigid day splints cut hand pain in half after six months of use, according to one high-quality study. Another study found that hand pain was also cut in half by wearing a long rigid splint every night for a year, but the splints usually didn't improve hand function or strength. The findings mean that splints have about the same effect on pain as ibuprofen, the most common drug in osteoarthritis. A small splint for pain relief during the day combined with a custom-made and rigid splint for prevention of deformities at night may be an optimal regimen. This finding suggests that a custom night splint, in addition to the previously-approved custom static progressive extension splint, would be an optimal treatment regimen for the joint stiffness that is associated with this patient's trigger fingers. Therefore, the request for custom night static right index & right ring fingers is medically necessary.