

<b>Case Number:</b>	CM15-0115732		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	10/10/2014
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: 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 47 year old male, who sustained an industrial injury on 10/10/14. He reported initial complaints of cumulative trauma left thumb. The injured worker was diagnosed as having bilateral thumb basilar joint degenerative disease; pain in joint-hand; radial styloid tenosynovitis. Treatment to date has included chiropractic therapy. Diagnostics included x-rays left hand (12/22/14); MRI right elbow (3/7/15) x-rays bilateral hands/wrist (4/22/15)). Currently, the PR-2 notes dated 4/22/15 indicated the injured worker complains of stiffness in the left thumb and pain with any movement. His left thumb is locked in a neutral position and he is unable to bring it down or up. Any attempts to move his left thumb causes pain at a level 8/10 radiating to the base of the thumb. He unable to grip, grasps, or lifts anything with his left hand. He still has numbness in the left thumb. In regard to activities of daily living, he has difficulty with bathing and dressing, holding books or magazines and unable to tie his shoe laces, grab cups with his left hand or any manipulation with his left hand. A complete physical examination is documented. The provider also noted x-rays of the bilateral hands and wrist dated 4/22/15. The left hand/wrist x-rays demonstrate advanced osteoarthritis with near complete absence of joint space and marginal osteophyte. The provider's treatment plan includes as request for a left thumb spice-splint and injection treatment for the left thumb basilar joint with Lidocaine, Marcaine and steroid. He notes he has completed physical therapy and use of anti-inflammatories can be helpful in controlling the osteoarthritic pain. Please note that the Utilization Review note dated 5/13/15 a telephone conversation took place on 5/12/15 at 04:45PM PDT noting the provider indicated the request for bilateral splints was in error. The splint for the left is all that is needed.

The left spica splint was authorized. The request appears mistakenly for a Spica splint for right thumb.

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

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

**Spica Splint , right thumb:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**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/Hand Chapter/Splints Section.

**Decision rationale:** MTUS guidelines do not address the use of hand splints. Per the ODG, hand splints can ease arthritis pain, according to a new systematic review. 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. According to available documentation, the use of a thumb splint is warranted for the left thumb. There is no evidence of injury or significant pain to the right thumb. This request for a right thumb splint appears to be an error, therefore, the request for spica splint, right thumb is determined to not be medically necessary.