

Case Number:	CM15-0176138		
Date Assigned:	09/17/2015	Date of Injury:	10/17/2012
Decision Date:	10/19/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old female, who sustained an industrial injury on 10-17-12. The injured worker was diagnosed as having lateral epicondylitis; carpal tunnel syndrome; pain in limb-other tenosynovitis or hand and wrist. Treatment to date has included physical therapy; corticosteroid injection right thumb (6-24-15); medications. Currently, the PR-2 notes dated 8-10-15 indicated the injured worker is in the office for a follow-up on her right thumb tenosynovitis and possible lipoma right forearm. The provider documents "She was unable to tolerate open or closed MRI and so was sent for an ultrasound of her right forearm. She had this done on 8-6-15, but the results are not ready yet. She has an injection to her right thumb A1 pulley at her last visit." The injection was done on 6-24-15. The provider documents objective findings of the musculoskeletal stating "Right elbow and forearm: inspection normal. Tenderness: present posterior forearm-proximal third only-mild-moderate. Swelling: present extra-articularly - posterior forearm proximal third only - mild. Full ROM without pain. Sensation normal. No positive provocative tests. Wrist and hand: Inspection normal. Tenderness: thumb-present at the level of CMC joint-volar surface-trace. Swelling: present palmar (volar) surface of hand - 1st ray (thenar) trace. Full ROM without pain. Motors intact. Sensation normal. No positive provocative tests." The provider's treatment plan includes documentation "The patient's recent USN of her right forearm was negative. The patient continues to have pain at her right forearm though. On examination, there is palpable pain over the PIN region. I think therapy would benefit her. We will seek authorization for this. Her right thumb is feeling much better since the injection (6-24-15) she received at her prior visit. She still has a trace of pain at her right thumb and I think she would benefit from a short opponens thumb splint; we will also seek authorization for this." She is a status post right carpal tunnel release, cubital tunnel release and LE debridement on 3-27-14.

A Request for Authorization is dated 9-8-15. A Utilization Review letter is dated 8-17-15 and non-certification was for Short opponens thumb splint (right). Utilization Review denied the requested treatment for not meeting the CA MTUS and ODG Guidelines. The provider is requesting authorization of Short opponens thumb splint (right).

IMR ISSUES, DECISIONS AND RATIONALES

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

Short opponens thumb splint (right): Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and 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) (1) Forearm, Wrist, & Hand (Acute & Chronic), Injection (2) Forearm, Wrist, & Hand (Acute & Chronic), Splints.

Decision rationale: The claimant sustained a work injury in October 2012 and continues to be treated for right upper extremity pain. She underwent a right carpal tunnel release, cubital tunnel release, and lateral epicondyle debridement in March 2014. When seen, she was having right thumb pain. An injection for tenosynovitis had been done at the previous visit with improvement. Physical examination findings included first CMC joint tenderness with trace swelling. Authorization for a thumb splint was requested. A splint can be recommended for treating displaced fractures, a Mallet finger, following tendon repair, when treating arthritis, or in the treatment of carpal tunnel syndrome. The claimant is being treated for tenosynovitis of the thumb. A corticosteroid injection without splinting is the preferred initial treatment. The requested brace is not considered medically necessary.