

Case Number:	CM15-0074290		
Date Assigned:	04/24/2015	Date of Injury:	04/25/2012
Decision Date:	05/27/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/20/2015

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: Emergency 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 53-year-old female, who sustained an industrial injury on April 25, 2012. She has reported shoulder pain, arm pain, and wrist pain. Diagnoses have included left shoulder impingement syndrome, left shoulder adhesive capsulitis, brachial neuritis, contracture of the elbow, cubital tunnel syndrome, and carpal tunnel syndrome. Treatment to date has included medications, therapy, shoulder surgery, imaging studies, and diagnostic testing. A progress note dated February 3, 2015 indicates a chief complaint of left shoulder and arm pain. The treating physician requested approval for thumb splinting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thumb spica splint, left wrist/hand: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: The request is for a thumb spica splint, a method to immobilize the thumb for treatment of ligamentous or bony injury to the thumb. The treating physician has diagnosed the injured worker with de Quervain's tenosynovitis. According to the American College of Occupational and Environmental Medicine, conservative treatment of de Quervain's tenosynovitis includes immobilization with a splint, typically a thumb spica splint. The injured worker has received a steroid injection to the affected area without improvement. The documentation provided is not clear, but it appears that the thumb spica splint was intended for management of de Quervain's tenosynovitis. In this case, the MTUS guidelines support the request as written, and are therefore medically necessary.