

Case Number:	CM15-0098390		
Date Assigned:	05/29/2015	Date of Injury:	08/31/2011
Decision Date:	07/02/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/21/2015

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: Maryland, Virginia, North Carolina
Certification(s)/Specialty: Plastic 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:

The injured worker is a 49 year old female, who sustained an industrial injury on 8/31/2011. Diagnoses include status post left thumb basilar joint suspension arthroplasty 5/2014, right thumb basilar joint arthritis status post two plus injections and right mild carpal tunnel syndrome status post one injection. Treatment to date has included multiple surgical interventions, medications, splinting, physical therapy, occupational therapy and injections. Per the Primary Treating Physician's Progress Report dated 4/17/2015, the injured worker reported worsening right thumb pain with occasional mild tingling in the radial three digits. She reports that her baseline pain is 8/10 and at its worst is 10/10. Physical examination revealed swelling noted at the basilar joint of the right thumb. Carpal tunnel compression test and Phalen's test produce aching and tingling within 20 seconds. Tinel's sign is negative overlying the carpal tunnel. The thumb basilar joint is quite tender to palpation but stable. The plan of care included surgical intervention and authorization was requested for right thumb ligament reconstruction, tendon interposition, forearm/hand tendon transfer, carpal tunnel release and possible MP stabilization, post-op occupational therapy, post-op custom splinting and compression wrap x 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative custom splinting: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Forearm, wrist and hand, splinting Hand J Ther. 2004 Oct-Dec; 17 (4):401-6. Splinting the degenerative basal joint: custom-made or prefabricated neoprene Weiss S1, Lastayo P, Mills A, Bramlet D.

Decision rationale: The patient is a 59 year old female who was certified for right carpal tunnel release and right thumb CMC arthroplasty. ACOEM guidelines do not address splinting for CMC arthroplasty and/or postoperative conditions. A request had been made for postoperative custom splinting. From the ODG, the ODG states that "a recent randomized controlled study concluded that prefabricated wrist working splints are highly effective in reducing wrist pain after 4 weeks of splint wearing in patients with wrist arthritis. 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 did not 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 supports the use of a custom-made splint, although this was not specifically presented for postoperative use. From the above reference: The purpose of this study was to compare the objective, subjective, and radiographic responses of patients with carpometacarpal joint osteoarthritis (CMCJ-OA) wearing a prefabricated neoprene splint (PFN), which crosses the CMCJ and metacarpophalangeal joint, with those of patients wearing a custom-made thermoplastic short opponens splint (CMT), which crosses only the CMCJ. Patients (N = 25) with first CMCJ stage I and II osteoarthritis were assigned randomly to wear either the PFN splint or the CMT splint for one week. After one week, the subjects rated their function in the splint and their satisfaction and pain levels on visual analogue scales. Pinch measurements were performed and x-rays were taken to assess carpometacarpal subluxation. The second splint was then applied for one week and all measures were repeated. The subjects rated the PFN splint significantly higher, and most reported that they would choose the PFN splint over the CMT splint for daily and long-term use. Both pain and function were improved with splinting, but the effect was amplified with the PFN splint compared with the CMT splint. Both splints reduced subluxation at the first carpometacarpal joint, but the CMT effect was greater. This study further supports current evidence that subjects with stage I and II first CMCJ-OA will have pain relief with thumb splinting. In addition, the PFN splint will provide greater relief when compared with the CMT splint. Furthermore, this study reveals that patients prefer the PFN splint to the CMT splint. This supports that either type of splint may be beneficial for reducing pain, the custom-made thermoplastic splint effect was greater at reducing subluxation. Again, this supports the use of a custom-made splint. Thus, based on ODG and peer reviewed literature, a custom-made splint is reasonable following CMC arthroplasty. Normal postoperative splinting is extended based on the nature of the procedure. A custom-made thermoplastic splint may help to reduce any tendency for subluxation following the surgical repair, as well as protect the repair and reduce pain/swelling. Thus, a custom splint should be considered medically necessary. However, based on the information presented above, a custom splint would be possibly be more beneficial. Therefore, the request for post-operative custom splinting is medically necessary.