

Case Number:	CM13-0010045		
Date Assigned:	11/06/2013	Date of Injury:	01/14/2013
Decision Date:	01/22/2014	UR Denial Date:	06/10/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Connecticut, North Carolina, Pennsylvania. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Clinical records available for review include a recent progress report of right upper extremity complaints from a work related twisting injury. Recent clinical assessment for review includes a 09/04/13 operative report indicating the claimant underwent excisional arthroplasty of the right trapezium with a release of the first dorsal compartment. There was a progress report of 05/23/13 when the claimant saw [REDACTED] for complaints of pain about the right wrist following work related injury. Physical examination findings showed tenderness at the IP and MP joints of the thumb with guarded range of motion and a positive Finkelstein's test. Radiographs reviewed demonstrated significant arthritic change at the MP joint of the thumb with 30% subluxation. The claimant was diagnosed with CMC arthrosis and de Quervain's tenosynovitis. It stated that the claimant had failed conservative care and surgical intervention was recommended in the form of the procedure performed on 09/04/13. Documentation of conservative measures has included medication management and activity restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery for 1st MP joint: 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 and Hand(updated 5/8/2013).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: forearm, wrist, hand procedure, Arthrodesis (fusion) .

Decision rationale: Based on Official Disability Guidelines criteria as California MTUS are silent, the request for (surgery for the first MP joint) cannot be supported. The specific nature of surgical process was not documented. In regard to a fusion of the MP joint, which ultimately placed on 09/04/13 from records for review, there was no documentation of six months of conservative care including injection therapy focused on the claimant's digit to support the role of surgical intervention. The absence of the above would fail to necessitate the procedure in question

First Dorsal Compartment: 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 and Hand(updated 5/8/2013).

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

Decision rationale: Based on California ACOEM Guidelines, conservative treatment for a diagnosis of de Quervain's tenosynovitis is recommended before performing surgical intervention. The clinical records did not indicate conservative measures to have included injection therapy. While it is noted the surgery did ultimately take place, the lack of conservative care in the presurgical setting would not have supported the role of the procedure as performed.