

Case Number:	CM13-0021350		
Date Assigned:	11/08/2013	Date of Injury:	04/29/2002
Decision Date:	01/06/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	09/09/2013

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 California. 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:

The claimant is a 68-year-old female who sustained an injury to her right upper extremity on April 29, 2002. Clinical records reviewed include a July 23, 2013 orthopedic progress report with [REDACTED], hand and upper extremity surgeon, indicating subjective complaints of right thumb pain. The claimant is noted to be status post a left 1st carpometacarpal (CMC) joint arthroplasty for which she is doing well. Objectively, the right hand and wrist showed tenderness to palpation over the 1st CMC joint, positive grind test and a normal sensory examination. The diagnosis was that of degenerative joint disease to the CMC joint of the 1st digit. Based on failed conservative care, surgery was recommended in the form of a 1st CMC joint arthroplasty. Surgery to the left 1st CMC joint took place on April 2, 2013. Radiographs reviewed from January 2013 showed significant endstage change of the CMC joints of the bilateral thumbs, left greater than right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right thumb Arthroplasty: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability

Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Forearm, Wrist, Hand Procedure- Arthrodesis section..

Decision rationale: ACOEM Guidelines state that "Referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature, fail to respond to conservative management, including worksite modifications, have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention." The Official Disability Guidelines state fusion is "Recommended in severe posttraumatic arthritis of the wrist or thumb or digit after 6 months of conservative therapy." The claimant is greater than six months from injury with documented severe findings on radiological assessment of the CMC joint. Based on positive physical examinations and giving consideration to the fact that she did well with prior surgery to the left thumb, the proposed procedure would appear to be medically necessary.