

Case Number:	CM13-0030424		
Date Assigned:	11/27/2013	Date of Injury:	01/20/2012
Decision Date:	08/01/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/30/2013

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. The expert 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 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/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 injured worker is a 49-year-old female who was reportedly injured on January 20, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated July 25, 2013, indicated that there were ongoing complaints of right thumb pain and instability. The physical examination demonstrated right thumb metacarpophalangeal joint instability at 45 of hyperextension. There was no increased instability noted at the carpal metacarpal joint. The diagnostic imaging studies objectified joint incongruent status post carpometacarpal (CMC) arthroplasty. Previous treatments included usage of a thumb splint to prevent hyperextension and a prior CMC arthroplasty. Surgery for metacarpophalangeal joint hyperextension was recommended. A request had been made for a right thumb metacarpophalangeal joint fusion and was not certified in the pre-authorization process on August 28, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right thumb metacarpophalangeal fusion: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, online version, Arthrodesis (fusion).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand, Arthrodesis (updated February 18, 2014).

Decision rationale: The injured employee has failed conservative treatment to include splinting. Furthermore, the metacarpophalangeal joint is not a likely digit for severe arthritis to occur, unlike the wrist or the carpometacarpal (CMC) joint. The Official Disability Guidelines indicate that a fusion is recommended for instability. This request for a right thumb metacarpophalangeal joint fusion is medically necessary.