

Case Number:	CM13-0043937		
Date Assigned:	12/27/2013	Date of Injury:	04/21/2010
Decision Date:	03/12/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/31/2013

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 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:

The claimant is a 59 year old male with an injury date listed as April 21, 2010 and reported to have a "cumulative trauma injury." The claimant also has a history of bilateral carpal tunnel syndrome and underwent previous carpal tunnel releases> the claimant also has a history of left thumb stenosing tenosynovitis. The claimant's most significant complaints are described as pain at the base of the thumb related to basilar joint arthritis. The claimant has failed conservative treatment with rest, activity modification, bracing, therapy, and steroid injections. A basilar joint arthroplasty was recommended as well as a "prophylactic" and de Quervain's release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left thumb basilar arthroplasty, ligament reconstruction and tendon interposition using flexor carpi radialis tendon, de Quervain's release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Chapter; Forearm, Wrist, and Hand Complaints Chapter

http://www.wheelsonline.com/ortho/ligament_reconstruction_and_tendon_interposition
Ligament Reconstruction and Tendon Interposition.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Left thumb basilar arthroplasty, ligament reconstruction and tendon interposition using flexor carpi radialis tendon, de Quervain's release

Decision rationale: The entire requested surgical procedure cannot be recommended as medically necessary. The basilar joint arthroplasty of the procedure would be reasonable given the basilar joint arthritis symptoms, examination findings and radiological findings with the failure of conservative treatment. The requested de Quervain's release as a prophylactic procedure is atypical and cannot be recommended. The records reviewed do not indicate that the claimant has focal symptoms over the first dorsal wrist compartment corresponding with de Quervain's tenosynovitis and there is no indication of symptoms in that area on examination. Basilar joint arthroplasty is usually performed without a concomitant de Quervain's release and a de Quervain's release would only be recommended if the claimant truly had symptoms and examination findings of that diagnosis and failed conservative treatment. Accordingly the request for the basilar joint arthroplasty along with de Quervain's release cannot be recommended as medically necessary. It should be noted in this case the claimant has had symptoms of the flexor carpi radialis tendon which is not associated with de Quervain's tenosynovitis. For further clarification, the basilar joint arthroplasty would be equivalent to the requested "ligament reconstruction and tendon interposition using flexor carpi radialis."