

<b>Case Number:</b>	CM13-0044382		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/24/2011
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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 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 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 claimant is a 65-year-old female who was injured on February 24, 2011 sustaining injury to the left upper extremity, particularly the thumb. Clinical evaluation for review of October 8, 2013 indicated subjective complaints of pain at the basilar thumb joint with increased pain and swelling. Objectively, there was positive grind testing and painful range of motion. Based on failed conservative care to the claimant's basilar thumb joint, surgical intervention was recommended in the form of interpositional arthroplasty. Review of previous records indicates that the claimant has been treated with medication management and activity restrictions. There is no indication of prior injection therapy. A follow-up report of December 6, 2013 indicates further treatment has also included multiple prior injections and immobilization. Review of plain film radiographs from July of 2013 showed severe osteoarthritic change grade IV in nature at the trapezial joint consistent with her basilar thumb complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left thumb surgery:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

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

DISABILITY GUIDELINES (ODG)-- OFFICIAL DISABILITY GUIDELINES TREATMENT  
IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: CHAPTER FOREARM, WRIST,  
HAND PROCEDURE - ARTHRODESIS (FUSION).

**Decision rationale:** CA MTUS states indications for referral are, "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." Based on Official Disability Guidelines and California MTUS Guidelines, the role of arthrodesis to the claimant's basal thumb joint would appear warranted. The surgery is medically necessary due to severe osteoarthritic change to the thumb and the failure of six months of conservative care. The clinical records in this case indicate severe degenerative change with significant conservative measures that have included prior injection therapy. Given documentation of six months of conservative measures and end stage osteoarthrosis, the role of surgical process in the form of interpositional arthroplasty would appear to be medically necessary.