

Case Number:	CM13-0044731		
Date Assigned:	12/27/2013	Date of Injury:	03/01/2007
Decision Date:	03/26/2014	UR Denial Date:	10/03/2013
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 reported injury date of 3/1/07. No specific mechanism was described but rather the injury was attributed to "repetitive motion." The records suggested that the claimant has bilateral first carpometacarpal joint degenerative arthritis. It is not clear if her carpometacarpal joint arthritis is symptomatic as she has multiple other diagnoses including carpal tunnel syndrome and a history of bilateral thumb stenosing tenosynovitis. Her exam was noted to show tenderness over varied areas including the palmar surface of the hand, the wrist, and the first carpometacarpal joint. The records documented that the claimant has tried wrist bracing and stretching exercises, but it is not clear if she has tried splinting with a thumb spica splint to immobilize the first carpometacarpal joint. It is also not clear if she has received a corticosteroid injection of the first carpometacarpal joint. A previous utilization review recommended certification of thumb spica braces, but it is not clear if the claimant received or utilized this type of immobilizer. A recommendation for first carpometacarpal arthroplasty was made at the same time as a recommendation for thumb spica braces. Radiographs have been noted to show mild arthritic change.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right First CMC Arthroplasty: 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).

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 arthroplasty of finger or thumb.

Decision rationale: The requested first carpometacarpal arthroplasty cannot be recommended as medically necessary based on the information reviewed. The CA MTUS ACOEM Guidelines do not address this topic. Looking at the Official Disability Guidelines, carpometacarpal arthroplasty is recommended only in patients with severe carpometacarpal joint arthritis that fail a full course of conservative treatment. It is not clear from the records reviewed that this claimant truly has severe arthritic change of the carpometacarpal joint. The claimant has other confounding diagnoses and reports of pain in other areas apart from the carpometacarpal joint. It is not clear if the claimant has received a full course of conservative treatment which generally includes anti-inflammatory medication, thumb spica splints, and corticosteroid injection. The records seem to indicate that the claimant has splints which may have been given for carpal tunnel syndrome, but these would not be thumb spica splints; and the thumb spica splints were ordered concomitantly with the request for carpometacarpal joint arthroplasty. For these reasons, the records reviewed do not support the medical necessity of the carpometacarpal arthroplasty procedure at this time.

Post Operative Therapy 2 times a week for 4 weeks: 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).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The records do not support the medical necessity of the carpometacarpal arthroplasty procedure at this time; thus, they would not support the medical necessity of the requested post-operative physical therapy.