

Case Number:	CM13-0062698		
Date Assigned:	12/30/2013	Date of Injury:	01/04/2012
Decision Date:	03/25/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/09/2013

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 Plastic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Oregon. 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:

This is a 57-year-old female with a prolonged history of left wrist and thumb pain with occasional numbness and tingling of her fingers. She has soreness of the base of her left thumb. She was treated with a steroid injection and physical therapy for her thumb with good improvement in 2011. Nerve conduction test was unremarkable on 8/2/11. Her thumb pain and finger tingling have recurred. She describes numbness of the thumb index and middle fingers and nocturnal paresthesias. X-ray shows moderately advanced arthritis of the trapeziometacarpal joint with joint space narrowing, osteophytes and radial subluxation of the thumb. Carpal tunnel release and thumb joint replacement are planned.

IMR ISSUES, DECISIONS AND RATIONALES

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

left carpal tunnel release: Upheld

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 rationale: The carpal tunnel release is not medically necessary. According to the ACOEM guidelines, surgical decompression of the median nerve usually relieves CTS

symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post-surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Although this patient has symptoms consistent with carpal tunnel syndrome, her nerve conduction study performed in August 2011 was unremarkable. She may benefit from a repeat nerve conduction test, but per the ACOEM guidelines, carpal tunnel release is not medically necessary because she does not currently have a positive nerve conduction test for carpal tunnel syndrome.

Left 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), Indications for joint replacement of the finger or thumb

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

Decision rationale: The patient has chronic thumb pain and x-rays that show advanced basal joint arthritis. According to the ACOEM guidelines, 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, and 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 ODG guidelines state that CMC arthroplasty is recommended. Total joint arthroplasty of the thumb CMC joint has proven to be efficacious with improved motion, strength, and pain relief for the treatment of stage III and early stage IV osteoarthritis of the CMC joint in older patients with low activity demands. The patient has stage III CMC arthritis based on the description of the X-ray findings, and her symptoms have returned despite a previous steroid injection and splinting. The CMC arthroplasty is certified.