

<b>Case Number:</b>	CM13-0069500		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	01/08/2013
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 Hand Surgery, and is licensed to practice in Texas. 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 62-year-old male who reported a crush injury on 01/08/2013. The current diagnosis is status post right thumb crush injury with basal joint posttraumatic arthropathy and radial subluxation of the first metacarpal. The injured worker was evaluated on 12/03/2013. The injured worker reported persistent pain in the right thumb basal joint. Physical examination revealed focal tenderness overlying the volar greater than basal thumb joint, associated soft tissue swelling, and diminished grip strength on the right. Treatment recommendations at that time included preauthorization to perform a right thumb basal joint arthroplasty with partial excision of the trapezium and stabilization using an Arthrex tightrope prosthesis. It is also noted that the injured worker underwent a CT scan of the upper extremity on 09/19/2013, which indicated degenerative changes at the thumb carpometacarpal joint with small ossicles about the joint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ARTHROSCOPY RIGHT THUMB BASAL JOINT, RIGHT THUMB BASAL JOINT ARTHROPLASY WITH TIGHTROPE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Forearm, Wrist and Hand.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, Arthroplasty, finger and/or thumb (joint replacement).

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management, and have clear clinical and special study evidence of a lesion. Official Disability Guidelines state indications for joint replacement of the finger or thumb includes symptomatic arthritis of the proximal interphalangeal joint with preservation of the collateral ligaments, sufficient bone support, and intact or at least reconstructable extensor tendons. As per the documentation submitted, the injured worker's CT scan of the right upper extremity on 09/19/2013, does indicate moderate degenerative changes at the thumb carpometacarpal joint with radial subluxation of the first metacarpal. Physical examination does reveal tenderness to palpation, soft tissue swelling and decreased grip strength. However, there is no mention of an attempt at conservative treatment prior to the request for a surgical procedure. Official Disability Guidelines further state total joint arthroplasty of the thumb CMC joint has been proven to efficacious with improved motion, strength and pain relief for treatment of stage 3 and early stage 4 osteoarthritis. The injured worker does not maintain a diagnosis of stage 3 or early stage 4 osteoarthritis of the CMC joint. Based on the clinical information received, the request is not medically necessary.

**POST OPERATIVE SLING:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is not medically necessary.

**POST OP PHYSICAL THERAPY TWICE A WEEK FOR FOUR WEEKS FOR THE RIGHT HAND:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is not medically necessary.