

<b>Case Number:</b>	CM13-0071057		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	10/26/2011
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 General 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 41 year old female who reported an injury to her right thumb as a result of pressing a biscuit timer on October 26, 2011. The clinical note dated February 1, 2013 indicates the injured worker having not attended any physical therapy. The note indicates the injured worker having complaints of pain radiating into the right elbow from the thumb despite the use of a right wrist brace for support. The clinical note dated November 7, 2013 indicates the injured worker being recommended for metacarpophalangeal (MP) joint fusion with the use of Kirschner wires. The injured worker continued with pathology at the MP joint of the right thumb. The injured worker was recommended at that time for a fusion of the MP joint. The injured worker was also recommended for a course of postoperative physical therapy to include 12 sessions of occupational treatment. The clinical note dated December 26, 2013 indicates the injured worker having a chronic subluxation of the MP joint secondary to an ulnar collateral ligament rupture. There was also an indication according to the note that x-rays have been completed which revealed joint space narrowing. The clinical note dated February 11, 2014 offers a description of the initial injury on October 26, 2011 whereas the injured worker was forcefully pushing buttons and twisted her right thumb. The injured worker subsequently had complaints of constant right thumb pain. All physical activities were identified as increasing the pain. The note indicates the injured worker wearing a brace at that time. The operative note dated March 12, 2014 indicates the injured worker undergoing a metacarpal phalangeal joint fusion at the right thumb with k-wires. The clinical note dated March 25, 2014 indicates the injured worker wearing a cast at the right hand and thumb. Pain and tenderness were identified at the incision site. The injured worker also had complaints of numbness at the right thumb with swelling. Range-of-motion reductions were identified. The note indicates the injured worker having undergone a surgical intervention at the right thumb on March 12, 2014. A description of

the surgery includes a fusion of the metacarpal phalangeal joint. The previous utilization review dated December 2, 2013 resulted in a denial for a right thumb fusion with k-wires as no confirmatory evidence was submitted regarding the injured worker's osteoarthritic findings at the right thumb.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **RIGHT THUMB FUSION MP JOINT WITH K WIRES: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 270-271.

**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 Chapter, Page Arthrodesis (Fusion).

**Decision rationale:** The request for a right thumb fusion at the MP joint with the implementation of k-wires is non-certified. The documentation indicates the injured worker complaining of right thumb pain. There is an indication the injured worker has previously undergone x-rays which revealed joint space narrowing. A thumb arthrodesis is indicated following a six month course of conservative therapy and the injured worker is continuing with significant symptomology. The clinical notes indicate the injured worker having no physical therapy addressing the right thumb complaints. Additionally, no x-ray results were submitted confirming the injured worker's significant findings that would indicate the injured worker would likely benefit from a thumb fusion. Given these factors, this request is not indicated as medically necessary.

#### **POST OPERATIVE OCCUPATIONAL THERAPY THREE (3) TIMES WEEKLY FOR FOUR (4) WEEKS: 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.