

Case Number:	CM14-0001027		
Date Assigned:	04/25/2014	Date of Injury:	04/15/2011
Decision Date:	05/27/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	01/03/2014

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 Orthopaedic Surgery and is licensed to practice in California. 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:

This 55-year-old female meat clerk sustained an industrial injury on 4/15/11, when she slipped and fell onto her outstretched hand. The 7/9/13 orthopedic report indicated intermittent problems with her left hand and wrist, but most treatment had been focused on her low back condition. Subjective complaints included pain in the thumb and thenar eminence, and numbness in her hand and wrist causing her to drop things on occasion. Objective findings included tenderness at the thenar eminence in the base of the thumb, mildly positive thumb CMC grind test, negative Tinel's, positive Phalen's, fullness at the MCP joint of the thumb, no actual locking noted, and some paresthesias noted in the median nerve distribution. X-rays of the right hand were reported Final Determination Letter for IMR Case Number CM14-0001027 3 basically normal, with some degenerative changes at the base of the thumb and at the thumb IP joint. The 9/26/13 upper extremity EMG/NCV findings were consistent with mild bilateral carpal tunnel syndrome. The patient was evaluated by another orthopedist on 9/12/13 with a diagnosis of traumatic injury to the left thumb CMC joint and carpal bone and traumatic development of CMC joint arthritis. The treatment plan recommended continued (NSAID) non-steroidal anti-inflammatory drugs therapy, left thumb and hand MRI, and thumb spica splint. The 11/14/13 orthopedic report cited increasing pain and numbness in the radial three fingers and thumb pain. Heavy lifting and repetitive pushing/pulling activities caused the thumb to swell. The patient had not received the recommended thumb spica splint. The surgeon stated the patient had osteoarthritis of the CMC joint of the thumb and carpal tunnel syndrome. He opined the need for an Anchovy procedure, interposition arthroplasty for the left thumb, and left carpal tunnel release. Exam findings documented mild swelling over the base of the thumb, marked CMC joint tenderness, mild grinding on telescoping test, positive Tinel's and Phalen's, and decreased left grip strength. The diagnosis was osteoarthritis left thumb CMC joint, mild left carpal tunnel syndrome, and

sprain/strain scaphoid bone. A left thumb CMC joint cortisone injection was given with symptomatic relief and a trigger point injection was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT THUMB PROCEDURE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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 & Hand, Arthroplasty, Finger And/Or Thumb (Joint Replacement).

Decision rationale: Under consideration is a request for left thumb procedure. Records suggest that an Anchovy procedure, interposition arthroplasty, is being requested. The California Medical Treatment Utilization Schedule guidelines do not provide recommendations for thumb surgeries in chronic injuries. The Official Disability Guidelines state that total joint arthroplasty of the thumb CMC joint has proven to be efficacious for the treatment of stage III and early stage IV osteoarthritis of the CMC joint in older patients with low activity demands. Guideline criteria have not been met. There is no evidence that the patient had stage III or IV osteoarthritis of the CMC joint, records document mild osteoarthritis. Detailed comprehensive non-operative treatments have not been documented to have been reasonably tried and failed. Therefore, this request for left thumb procedure is not medically necessary and appropriate.

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Carpal Tunnel Release Surgery.

Decision rationale: Under consideration is a request for left carpal tunnel release. The California MTUS guidelines do not provide recommendations for carpal tunnel release in chronic cases. The Official Disability Guidelines recommend carpal tunnel release surgery after an accurate diagnosis of moderate to severe carpal tunnel syndrome. Surgery is not generally indicated for mild carpal tunnel syndrome, unless symptoms persist after conservative treatment. Initial conservative treatment requires three of the following: activity modification, night wrist splint, non-prescription analgesia, home exercise training, and successful corticosteroid injection trial. Guideline criteria have not been met. The patient has electrodiagnostic findings of mild carpal tunnel syndrome. There is no detailed documentation that guideline recommended conservative treatment had been tried and failed. Therefore, this request for left carpal tunnel release is not medically necessary.

ASSISTANT SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Claims Administrator based its decision on the as the surgery is not indicated then an assistant surgeon is not indicated.

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.

MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Claims Administrator based its decision on the as the surgery is not indicated then a medical clearance is not indicated.

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.

DURABLE MEDICAL EQUIPMENT (DME): SLING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Claims Administrator based its decision on the as the surgery is not indicated then an (DME) Sling is not indicated.

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.