

Case Number:	CM14-0002355		
Date Assigned:	01/24/2014	Date of Injury:	02/28/2012
Decision Date:	06/13/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/07/2014

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 Orthopedic Surgery and is licensed to practice in Georgia and 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 57-year-old male who reported a repetitive strain injury on 02/28/2012. Current diagnoses include right shoulder strain, left shoulder strain, bilateral forearm/wrist strain with tenosynovitis, bilateral wrist strain, and bilateral thumb strain. The injured worker was evaluated on 12/12/2013. The injured worker reported persistent right shoulder pain and bilateral thumb pain. Physical examination revealed tenderness to palpation of bilateral CMC joints with decreased range of motion and positive grind testing. Treatment recommendations included authorization for thumb CMC surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

THUMB CMC ARTHROPLASTY, (L) SIDE FIRST: 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), Arthroplasty Finger and/or Thumb.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation ODG, Forearm, Wrist and Hand Chapter, Arthroplasty.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for hand surgery consultation may be indicated for patient's who have red flags of a serious nature, fail to respond to conservative management including worksite modification, and have clear clinical and special study evidence of a lesion. Official Disability Guidelines state indications for joint replacement include symptomatic arthritis of the proximal interphalangeal joint with preservation of the collateral ligaments, sufficient bone support, and intact or at least reconstructable extensor tendons. There is no documentation of symptomatic arthritis. There is also no mention of an attempt at conservative treatment prior to the request for a surgical intervention. Based on the clinical information received, the request is not medically necessary.