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| Case Number: | CM14-0003290 | | |
| Date Assigned: | 01/31/2014 | Date of Injury: | 08/12/2011 |
| Decision Date: | 08/06/2014 | UR Denial Date: | 12/09/2013 |
| Priority: | Standard | Application Received: | 01/09/2014 |

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 Pennsylvania. 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 is a 64-year-old female claimant who sustained a vocational injury working as a custodian in August 2011 when she was pushing a heavy door. The claimant sustained a second vocational injury after a fall on 04/26/13. The records provided for review document that the claimant underwent right carpal tunnel release with ganglion excision and first dorsal compartment release on 03/06/12. The claimant had a second right wrist surgery on 02/14/13 which included a right CMC arthroplasty with resection of the trapezium. The claimant's current working diagnosis is a right MCP and radial collateral ligament sprain, status post excision of a volar ganglion on the right wrist, status post first dorsal compartment release of the right wrist, status post carpal tunnel and revision carpal tunnel surgery on the right, and status post a CMC arthroplasty/resection of the right wrist/hand. The office report dated 05/05/14 noted continued right wrist and hand pain, difficulty with any type of activity throughout the day. On exam surgical scars were appreciated with marked sensitivity and tenderness throughout the first dorsal compartment, radial wrist, CMC joint, and distal radioulnar joint. Range of motion demonstrated dorsiflexion to 55 degrees, volar flexion to 50 degrees, supination to 85 degrees, pronation to 90 degrees, and limited motion of the thumb secondary to severe pain. Grip strength was noted to be 0 pounds of the bilateral hands. The report of X-rays in May of 2013 of the right wrist and hand showed no evidence of further injury. The report of a CT scan of the right thumb on 10/25/13 showed post-surgical thumb and second digit with surgical tunnel noted at the proximal ends of the first and second metacarpals. There was an absent trapezium bone. There was small 1 millimeter osseous fragment noted adjacent to the trapezoid bone with mild chondrocalcinosis noted. Conservative care to date included acupuncture, thumb spica splint, Neurontin, Cortisone injection provided in November of 2013 as well as postoperative

occupational/physical therapy. The current request is for a right wrist CMC arthroplasty SLAM procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMC Arthroplasty SLAM, right wrist: 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)- Forearm, Wrist & Hand chapter.

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); Treatment in Worker's Comp; 2013 Updates; Forearm, Wrist & Hand chapter.

Decision rationale: Based on the California ACOEM Guidelines and the Official Disability Guidelines, the request for right wrist CMC arthroplasty SLAM procedure is not recommended as medically necessary. The documentation suggests that the claimant has global discomfort of the entire right hand and wrist. The records fail to confirm that recent radiographic or special diagnostic studies identify failure of the previous right hand CMC arthroplasty or that there is pathology on the diagnostic study that would be amenable by revision surgical intervention in the form of a CMC arthroplasty SLAM procedure. Therefore, based on the documentation presented for review and in accordance with California ACOEM Guidelines, and Official Disability Guidelines the request for a right wrist CMC arthroplasty SLAM procedure cannot be considered medically necessary.

Post-op Occupational Therapy - (2) times a week for (6) weeks for the right wrist QTY: 12.00: 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.

Medical clearance, pre-op labs, CBC/BMP, right wrist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examination and Consultation, page 127. Official Disability Guidelines (ODG); Low Back chapter - Office Visits & Pre-op Testing Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.