

Case Number:	CM14-0008736		
Date Assigned:	04/16/2014	Date of Injury:	03/22/2010
Decision Date:	05/27/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/21/2014

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 66-year-old female who was on injured on 03/22/10, sustaining an injury to the bilateral upper extremities. Specific request in this case is in regards to the claimant's right thumb. The records for review include a January 6, 2014 follow up with [REDACTED] where the claimant was noted to be with complaints of pain about the right thumb, index and middle finger with associated numbness. Physical examination findings demonstrated pain about the palmar aspect of the right thumb at the CMC joint, stable to stressing. Review of previous radiographs from October 2013 noted osteoarthritis of the CMC joint. Based on the claimant's continued symptomatic findings, surgical intervention in the form of a resection arthroplasty was recommended for further definitive care. The claimant was also treated for multiple underlying bilateral upper extremity complaints including pain to the elbows, neck as well as numbness to the hand and digits. Conservative care is not formally documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAPEZIAL RESECTION ARTHROPLASTY, RIGHT THUMB: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, Hand Procedure, Arthrodesis.

Decision rationale: Based on California ACOEM Guidelines regarding surgical referral and Official Disability Guidelines, the role of trapezial resection arthroplasty would not be supported. While the claimant is noted to be with osteoarthritis on radiographs of October 2013, a lack of six months of documented conservative measures would fail to necessitate the acute need of the surgical process in question.