MAXIMUS Federal Services

Case Number:	CM14-0105519		
Date Assigned:	09/12/2014	Date of Injury:	03/01/2000
Decision Date:	10/21/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/08/2014

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 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:

The injured worker is a 67 year old male who reported an injury to his left thumb. The clinical note dated 06/10/14 indicates the injured worker reporting a cumulative trauma injury to his neck and back as well as the right shoulder. The injured worker also reported bilateral hand and wrist pain. The injured worker reported a large bump on the left hand which has been identified as a pain generator. The injured worker reported the left hand and wrist pain as constant and was increasing with movement and grasping activities. The injured worker's past medical history is significant for a right sided carpal tunnel release, an A1 pulley release on the right, and 3 surgeries at the right shoulder to include a rotator cuff repair as recently as 2007. The note indicates the injured worker utilizing Tylenol #3 as well as Soma and Trazadone. Upon exam, a thickening was identified over the base of the 1st carpal metacarpal joint. No tenderness was identified throughout the wrist and hand. Provocative testing revealed negative Tinel's and Phalen's. The injured worker was able to demonstrate full range of motion throughout the left wrist. The injured worker was identified as having a fixed adduction contracture. A mild hyperextension deformity was identified at the metacarpal phalangeal joint. A fixed abduction position of 30 degrees was identified. The injured worker was able to demonstrate 0-65 degrees at the interphalangeal joint and 0-65 degrees at the metacarpal phalangeal joint. The ulnar 4 digits of the hand revealed 0-100 degrees at the MCP joint, 0-105 degrees at the PIP joint, and 0-65 degrees at the DIP joint. Grip strength deficits were identified throughout the left hand. Pinch strength deficits were also identified on the left. X-rays of the left thumb revealed an advanced bone on bone deformity with a marked thickening of the 1st carpal metacarpal joint. Pantrapezial disease was identified with a bone on bone deformity at the scaphotrapezial joint. The injured worker was subsequently diagnosed with severe advanced CMC arthritis at the left thumb. A urine drug screen completed on 06/10/14 revealed the injured worker to be consistent

with the prescribed drug regimen. No inconsistent findings were identified. The clinical note dated 03/13/14 indicates the injured worker continuing with moderate to severe shoulder, hand, neck, arm, and back pain. The injured worker was being recommended for a tendon arthroplasty at the left thumb. The utilization review dated 07/03/14 resulted in a denial for a Thumb Tendon Arthroplasty, Pre-Op Medical Clearance, Post-Operative Physical Therapy (x12), Labs: CBC, UA, PTT, EKG and DME: Cold Therapy Unit as insufficient information had been submitted supporting the proposed procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thumb Tendon Arthroplasty: 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): Forearm, Wrist and Hand Chapter, Arthroplasty, finger and/or thumb (joint replacement)

Decision rationale: The request for a thumb tendon arthroplasty is non-certified. The documentation indicates the injured worker complaining of left thumb pain with range of motion deficits. An arthroplasty at the thumb is indicated for injured workers with findings consistent with grade 3 or 4 osteoarthritis at the thumb and the injured worker has completed all conservative treatments. No information was submitted regarding the injured worker's injection therapy at the left thumb. Additionally, the submitted x-rays do reveal severe findings at the left thumb regarding the injured worker's osteoarthritic findings. However, these x-rays appear to have been completed within the provider's office and not independently. Given these factors, the request is not indicated as medically necessary.

Pre-Op Medical Clearance: 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 Official Disability Guidelines (ODG): Low Back Chapter, Preoperative testing, general

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

Post-Operative Physical Therapy (x12): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

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

Labs: CBC, UA, PTT: 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 Official Disability Guidelines (ODG): Low Back Chapter, Preoperative lab testing

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

EKG: 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 Official Disability Guidelines (ODG): Low Back Chapter, Preoperative electrocardiogram (ECG)

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

DME: Cold Therapy Unit: 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 Official Disability Guidelines (ODG): Forearm, Wrist and Hand Chapter, Cold packs

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