

Case Number:	CM14-0011560		
Date Assigned:	02/21/2014	Date of Injury:	04/03/2011
Decision Date:	10/08/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/29/2014

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 claimant is a 55-year-old male with reported industrial injury of April 30, 2011. Exam note from December 9, 2013 demonstrates the claimant returns for reevaluation of the left thumb and basilar joint osteoarthritis as well as carpal tunnel syndrome. Examination demonstrates tenderness to palpation at the basal joint of the left thumb and positive grind test. Decreased sensation is noted in the median nerve distribution and a positive Phalen's test is also reported. Electrodiagnostic studies from October 31, 2013 demonstrate bilateral C6-7 radiculopathy. In addition there is moderate right carpal tunnel syndrome noted. Exam notes demonstrate no evidence of conservative treatment such as bracing, splinting, therapy or injections being tried and failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LEFT THUMB/WRIST ARTHROPLASTY: 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, Arthroplasty, Finger and/or thumb (Joint Replacement),

Decision rationale: CA MTUS/ACOEM is silent on the issue of thumb arthroplasty. According to the ODG, Forearm, Wrist and Hand, Arthroplasty, Finger and/or thumb (Joint Replacement), Treatment of stage III and early stage IV osteoarthritis of the CMC joint in older patients with low activity demands. Indications for joint replacement of the finger or thumb include: Symptomatic arthritis of the proximal interphalangeal joint with preservation of the collateral ligaments. In addition, sufficient bone support and intact or at least reconstruct double extensor tendons are recommended. Contraindications include lack of stability such as that with rheumatoid arthritis with destruction of the ligaments, spine accident were not un-reconstructable extensor tendons. Other contraindications include Florida chronic infection and lack of patient compliance. In this case the exam notes demonstrate the guideline criteria have not been met. There is no imaging findings submitted for review, and there is no evidence of conservative care being tried and failed. Therefore, the request for thumb interpositional arthroplasty is not medically necessary and appropriate.

1 CARPOMETACARPAL JOINT LIGAMENT RECONSTRUCTION AND TENDON INTERPOSITION USING FLEXOR CARPI RADIALIS TENDON TRANSFER: 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)

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, Arthroplasty, Finger and/or thumb (Joint Replacement)

Decision rationale: CA MTUS/ACOEM is silent on the issue of thumb arthroplasty. According to the ODG, Forearm, Wrist and Hand, Arthroplasty, Finger and/or thumb (Joint Replacement), Treatment of stage III and early stage IV osteoarthritis of the CMC joint in older patients with low activity demands. Indications for joint replacement of the finger or thumb include: Symptomatic arthritis of the proximal interphalangeal joint with preservation of the collateral ligaments. In addition sufficient bone support and intact or at least reconstruct double extensor tendons are recommended. Contraindications include lack of stability such as that with rheumatoid arthritis with destruction of the ligaments, spine accident were not un-reconstructable extensor tendons. Other contraindications include Florida chronic infection and lack of patient compliance. In this case the exam notes demonstrate the guideline criteria have not been met. There is no imaging findings submitted for review, and there is no evidence of conservative care being tried and failed. Therefore the request for the carpometacarpal joint ligament reconstruction and tendon interposition using flexor carpi radialis tendon transfer is not medically necessary or appropriate.

1 CARPAL TUNNEL RELEASE ENDOSCOPIC VS OPEN UNDER GENERAL ANESTHESIA: 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) Indications for Surgery-Carpal Tunnel

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to eval for carpal tunnel and stratify success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. In this case, there is lack of evidence in the records from 12/9/13 of evidence of failed bracing or injections in the records. Therefore, the request is not medically necessary.

1 PRE-OPERATIVE MEDICAL CLEARANCE INCLUDING EKG AND LABS: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

POST-OP OT X 12: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate

1 DME:ARTHREX 4X10MM BIOCOMPOSITE TENOSCREW: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate