

<b>Case Number:</b>	CM14-0013686		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	09/06/2006
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 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 patient is a 46-year-old male who has submitted a claim for osteoarthritis, localized, primary, forearm associated with an industrial injury date of September 6, 2006. Medical records from 2010 to 2014 were reviewed. The patient complains of significant pain at the base of the right thumb, and some pain and numbness in the left wrist and hand. Pertinent physical examination findings include moderate CMC tenderness at the right thumb; positive CMC grind test, right; positive Tinel's and Phalen's test at the left carpal tunnel and equivocal on the right; positive Tinel's sign and elbow flexion test at the bilateral cubital tunnels; and positive Tinel's sign over the ulnar nerve at the left wrist. The diagnoses include right thumb CMC arthrosis; left carpal tunnel syndrome with probable ulnar nerve compression at the wrist; and cubital tunnel syndrome. Treatment plan includes left carpal tunnel release with ulnar nerve decompression at the wrist. However, the patient would like to proceed with right thumb CMC arthroplasty first. Treatment to date has included oral analgesics, corticosteroid injections, right carpal tunnel release, right thumb surgeries with reconstruction, thumb brace and physical therapy. Utilization review from January 24, 2014 did not grant the request for right thumb CMC arthroplasty. The reason for the rejection was not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT THUMB CMC ARTHROPLASTY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand (Acute & Chronic).

**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 Chapter: Arthroplasty, finger and/or thumb (joint replacement).

**Decision rationale:** On page 270 of the ACOEM Low Back Guidelines referenced by the California MTUS referral for hand/wrist surgery consultation/intervention may be indicated for patients who have red flags of a serious nature; failed to respond to conservative management, including worksite modifications; have clear clinical and special study evidence of a lesion that has been shown to benefit from surgical intervention. Official Disability Guidelines states that total joint arthroplasty of the thumb CMC joint has proven to be efficacious with improved motion, strength, and pain relief for the treatment of stage III and early stage IV osteoarthritis of the CMC joint. Indications for joint replacement of the finger or thumb include symptomatic arthritis of the proximal interphalangeal joint with preservation of the collateral ligaments; sufficient bone support; intact or at least reconstructable extensor tendons. In this case, there is no objective evidence to support claims of failure from conservative treatment such as those mentioned in July 9, 2013 progress report. The records also stated that x-rays revealed severe thumb CMC arthrosis; however, the formal report was not provided. There is not enough evidence to show the stage of the arthritis as well as the condition of the supporting or surrounding anatomical structures. The medical necessity has not been established. Therefore, the request for right thumb cmc arthroplasty is not medically necessary.