

<b>Case Number:</b>	CM14-0124265		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	03/19/2013
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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, has a subspecialty in Hand Surgery, and is licensed to practice in Texas. 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 34-year-old male who reported an injury on 03/19/2013. The mechanism of injury was not provided. On 04/15/2014, the injured worker presented with complaints of thumb pain. Examination of the right thumb revealed generalized edema, palpable tenderness along the anterior portion of the thumb and down to the base of the thumb. The diagnosis is thumb pain and edema with increasing thumb pain at night with disruption of sleep. MRI findings of the right hand revealed small curvilinear high density seen in the subarachnoid soft tissue of the right dorsal second finger nonspecific. Other therapies included medications. The provider recommended a right thumb LRTIA, CBC, EKG, and chest x-ray, postop physical therapy sessions, and a BMP. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right thumb LRTIA:** 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 and Hand Chapter, Wheelless Textbooks of Orthopaedics, Ligament Reconstruction and Tendon Interposition

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist and Hand, Arthroplasty, finger and/or thumb (joint replacement)

**Decision rationale:** Official Disability Guidelines state prosthetic joint replacement is used to reduce pain and maintain function of the proximal interphalangeal 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 supposed, intact or at least reconstructible extensor tendons and failure of conservative treatment. 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 in older patients with low activity demands. Contraindications include lack of stability, nonreconstructible extensor tendons, florid or chronic infection, or lack of patient compliance. There was lack of documentation of symptomatic arthritis in the proximal interphalangeal joint. The documentation provided noted thumb pain and edema with increased thumb pain at night with disruption of sleep. There is lack of documentation of prior treatments the injured worker underwent and the efficacy of those prior treatments. Additionally, there is lack of objective functional deficits provided. As such, medical necessity has not been established and therefore the request for Right thumb LRTIA is not medically necessary.

**CBC:** 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.

**EKG:** 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), Low Back Chapter

**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.

**Chest x-ray:** 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.

**Post-op physical therapy, 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270, Postsurgical Treatment Guidelines.

**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.

**BMP:** 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.