

<b>Case Number:</b>	CM14-0124603		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	11/08/2012
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/28/2014
<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 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 70 year old female, dental hygienist who sustained a vocational injury on 11/08/12. The claimant's current working diagnosis includes bilateral carpometacarpal joint arthrosis of the thumb. The most recent office note provided for review dated 04/03/14 documents some thumb issues and that she just began occupational therapy, following left arthroscopic carpal tunnel release. It was documented that right carpal tunnel release was scheduled. There were no objective findings on examination noted. The previous office note dated 03/14/14 noted tenderness to palpation of the bilateral basal joints of the thumb. A step off deformity is appreciated bilaterally. There is no evidence of thenar atrophy or interosseous muscle wasting. X-rays from 10/07/13 suggest severe carapometacarpal joint arthrosis, joint space narrowing and osteophyte formation of the bilateral thumbs. It is documented that the claimant is allergic to corticosteroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Excision of trapezium, inter positional Arthroscopy right wrist, and flexor carpi radialis tenodesis:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Forearm, Wrist and Hand chapter, Arthroplasty, finger and/or thumb (joint replacement).

**Decision rationale:** Based on the California MTUS ACOEM Guidelines and supported by the Official Disability Guidelines, the request for excision of trapezium, inner positional arthroscopy to the right wrist and flexor carpi radialis tenodesis cannot be considered medically necessary. The ACOEM and Official Disability Guidelines note that prior to considering surgical intervention, the claimant should have attempted, failed, and exhausted conservative treatment prior to considering surgical intervention. Currently, the documentation fails to establish that the claimant has attempted, failed and exhausted a reasonable course of conservative treatment. In addition, the request fails to identify if the proposed surgery is for the right or left thumb and this would be pertinent to know prior to considering medical necessity. Therefore, the request for Excision of trapezium, inter positional Arthroscopy right wrist, and flexor carpi radialis tenodesis is not medically necessary and appropriate.