

Case Number:	CM14-0126033		
Date Assigned:	09/29/2014	Date of Injury:	01/24/2014
Decision Date:	11/06/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/08/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 51-year-old female who reported an injury on 01/27/2014. The mechanism of injury involved repetitive activity. The current diagnoses include right thumb CMC arthritis and mild de Quervain's tendonitis. The injured worker was evaluated on 09/11/2014 with complaints of pain at the base of the thumb with localized swelling. Previous conservative treatment is noted to include rest, physical therapy, medications, and bracing. Physical examination revealed guarding, mild positive Finkelstein's test, grinding of the thumb CMC, and decreased grip strength. Treatment recommendations at that time included a right thumb basilar joint arthroplasty. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Thumb Arthroplasty: Overturned

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 & Hand Chapter, Arthroplasty, finger and/or thumb (joint replacement)

Decision rationale: California American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management including worksite modifications, and have clear clinical and special study evidence of a lesion. The Official Disability Guidelines state indications for a joint replacement of the finger or thumb include symptomatic arthritis, sufficient bone support, and intact or at least reconstructible extensor tendons. The patient has physical examination and x-ray findings of CMC arthritis and has failed conservative treatment. As such, the request can be determined as medically appropriate.

Ligament Reconstruction: Overturned

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 & Hand Chapter, Arthroplasty, finger and/or thumb (joint replacement)

Decision rationale: California American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management including worksite modifications, and have clear clinical and special study evidence of a lesion. The Official Disability Guidelines state indications for a joint replacement of the finger or thumb include symptomatic arthritis, sufficient bone support, and intact or at least reconstructible extensor tendons. The patient has physical examination and x-ray findings of CMC arthritis and has failed conservative treatment. As such, the request can be determined as medically appropriate.

Local Tendon Transfer: Overturned

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 & Hand Chapter, Arthroplasty, finger and/or thumb (joint replacement)

Decision rationale: California American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management including worksite modifications, and have clear clinical and special study evidence of a lesion. The Official Disability Guidelines state indications for a joint replacement of the finger or thumb

include symptomatic arthritis, sufficient bone support, and intact or at least reconstructible extensor tendons. The patient has physical examination and x-ray findings of CMC arthritis and has failed conservative treatment. As such, the request can be determined as medically appropriate.

Prophylactic DeQuervain's Release: Overturned

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 & Hand Chapter, Arthroplasty, finger and/or thumb (joint replacement)

Decision rationale: California American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management including worksite modifications, and have clear clinical and special study evidence of a lesion. The Official Disability Guidelines state indications for a joint replacement of the finger or thumb include symptomatic arthritis, sufficient bone support, and intact or at least reconstructible extensor tendons. The patient has physical examination and x-ray findings of CMC arthritis and has failed conservative treatment. As such, the request can be determined as medically appropriate.

Post Op Physical Therapy: 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): 10 and 18-21.

Decision rationale: The California American College of Occupational and Environmental Medicine (MTUS) Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. There was no specific body part or quantity listed in the request. Therefore, the request is not medically appropriate.