

Case Number:	CM14-0155589		
Date Assigned:	10/03/2014	Date of Injury:	11/23/2009
Decision Date:	10/30/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/23/2014

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 injured worker is a 63-year old female who was injured in a work-related accident on 11/03/2009. The clinical records provided for review noted continued pain of the bilateral upper extremities, specifically the claimant's right hand. The progress report dated 8/26/2014, described bilateral hand pain with the right hand examination revealing tenderness and swelling at the carpometacarpal joint and a positive carpometacarpal grind test at the thumb. The claimant was diagnosed with advanced degenerative joint degeneration of the carpometacarpal joint of the thumb and an arthroplasty was recommended. The 03/07/2014 office note, documented that the claimant had undergone treatment for the carpometacarpal joint including corticosteroids, bracing and antiinflammatory agents. According to the office note, the claimant had failed conservative care but surgery was not requested by the claimant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rt hand CMC arthroplasty: Overturned

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 Chapter: Arthrodesis (fusion)

Decision rationale: The claimant has failed six months of conservative care including injection therapy with a clear diagnosis of degenerative joint disease. Based on the Official Disability Guidelines (ODG) and medical evidence provided for review, the claimant does meet diagnostic criteria for arthroplasty of the carpometacarpal joint of the right hand. Therefore, the request for right-hand CMC arthroplasty is medically necessary and appropriate.