

Case Number:	CM14-0022213		
Date Assigned:	05/07/2014	Date of Injury:	07/05/2013
Decision Date:	08/01/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/21/2014

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 patient is a 61-year-old female who has filed a claim for trigger finger and right wrist osteoarthritis associated with an industrial injury date of July 05, 2013. Review of progress notes indicates worsening right wrist pain with grinding to loading forces. The patient is doing extremely well on the left wrist post-operatively. Findings include decreased grip strength on the right, and positive grind test. X-rays dated January 13, 2014 showed a large bone spur from the trapezium at the metacarpotrapezial joint, and the metacarpal is subluxed by 40%. Treatment to date has included right thumb splinting, and excisional arthroplasty of the left trapezium and release of first dorsal compartment and release of left middle trigger finger in November 11, 2013. Utilization review from February 12, 2014 denied the requests for excisional arthroplasty of the right trapezium and release of the first dorsal compartment of the right wrist under local anesthesia with sedation, forearm-based custom splint, 12 post-operative hand/occupational therapy visits, and medical clearance, as there was no documentation indicating that the patient exhausted all conservative treatment for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EXCISIONAL ARTHROPLASTY OF THE RIGHT TRAPEZIUM AND RELEASE OF THE FIRST DORSAL COMPARTMENT OF THE RIGHT WRIST UNDER LOCAL ANESTHESIA WITH SEDATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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; Trapeziectomy.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, trapeziectomy is recommended to treat persistent pain and dysfunction at the base of the thumb from osteoarthritis. Patients who underwent trapeziectomy with ligament reconstruction and tendon interposition had more complications. In this case, there is no documentation that the patient has exhausted all conservative management strategies to support the necessity for a surgical procedure at this time. Therefore, the request for excisional arthroplasty of the right trapezium and release of the first dorsal compartment of the right wrist under local anesthesia with sedation is not medically necessary.

1 FOREARM-BASED CUSTOM SPLINT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The dependent request of excisional arthroplasty of the right trapezium and release of the first dorsal compartment of the right wrist under local anesthesia with sedation has been deemed not medically necessary; therefore, all the associated services, such as the request for forearm-based custom splint, is likewise not medically necessary.

12 POST-OPERATIVE HAND/OCCUPATIONAL THERAPY VISITS: 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: The dependent request of excisional arthroplasty of the right trapezium and release of the first dorsal compartment of the right wrist under local anesthesia with sedation has been deemed not medically necessary; therefore, all the associated services, such as the request for 12 post-operative hand/occupational therapy visits, is likewise not medically necessary.

1 MEDICAL CLEARANCE: 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: The dependent request of excisional arthroplasty of the right trapezium and release of the first dorsal compartment of the right wrist under local anesthesia with sedation has been deemed not medically necessary; therefore, all the associated services, such as the request for medical clearance, is likewise not medically necessary.