

Case Number:	CM14-0031641		
Date Assigned:	07/16/2014	Date of Injury:	04/28/2012
Decision Date:	08/14/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/03/2014

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:

This is a 56-year-old female, nursing assistant who sustained a vocational injury on April 23, 2012 as she attempted to secure a patient who was falling out of a chair. The records provided for review document that the claimant underwent arthroscopic surgery of the right shoulder and bilateral carpal tunnel releases. The report of the January 15, 2014, office visit noted pain in the area of the thumb and fifth finger of both hands. On exam, she had moderate degeneration involving the carpometacarpal joint of both thumbs more severe in the left than right. The report of the Qualified Medical Examination on January 31, 2014 noted complaints of left hand sharp pain and multiple complaints of body pain. The examination findings noted that the right carpal tunnel scar was tender and she had a positive Phalen's sign in the left wrist. She had +3 pinch on the right, +4 pinch on the left; opponent's pinch +2 on the right and +1 on the left. The right and left thumbs had 0 degrees of abduction and readily touched the fifth metacarpal head on the right and left side. Both hands could make a full fist and all fingers touch the distal palmar crease in the right hand and also on the left hand. Documentation of conservative treatment to date includes Naprosyn, Tylenol, bilateral wrist braces and a left arm sling. The current request is for left thumb carpometacarpal plasty of the thumb.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 sessions 3 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

CARPOMETACARPAL PLASTY THUMB, LEFT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 11, Forearm, Wrist and Hand Complaints, pg. 270-271 and on the Non-MTUS ODG; Forearm, Wrist and Hand Chapter, Arthroplasty.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

PHYSICAL THERAPY; TWELVE (12) SESSIONS (3X4): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.