

Case Number:	CM14-0059930		
Date Assigned:	07/09/2014	Date of Injury:	12/03/2009
Decision Date:	09/08/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/30/2014

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 48-year-old female who sustained an injury to the right upper extremity on 12/03/09. The records provided for review document that the claimant is status post a right thumb CMC joint arthroplasty with continued complaints of postoperative pain. A follow up report of 03/20/14 identifies that the physical exam shows full range of motion of the digit with no instability. There is tenderness to palpation at the CMC joint with no other physical findings noted. Postoperative course of care has included physical therapy and immobilization. There is no recent imaging for review. This request is for revision CMC arthroplasty of the right thumb based on the claimant's postoperative complaints of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision Carpal Metacarpal Arthroplasty Right Thumb: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Forearm, Wrist and Hand Procedure Summary (last updated 02/18/14): Thumb Arthroplasty; Pettersson, 2006; Badia, 2006; Calfee, 2009; Meier, 2007.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: Based on California ACOEM Guidelines, the request for revision CMC arthroplasty of the thumb cannot be supported. ACOEM Guidelines in regards to surgical intervention to the hand recommend the presence of a lesion that has shown to benefit in both the short and long term from surgical repair. Unfortunately, the records for review fail to demonstrate clinical findings indicative of instability or failure of the prior surgical process. There is no postoperative imaging available for review to identify the presence of a surgical lesion. Without documentation of the above, the acute need of a revision surgery for this individual's CMC joint to the thumb is not medically necessary.