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| <b>Case Number:</b>   | CM14-0062155 |                              |            |
| <b>Date Assigned:</b> | 07/11/2014   | <b>Date of Injury:</b>       | 04/03/2002 |
| <b>Decision Date:</b> | 11/24/2014   | <b>UR Denial Date:</b>       | 04/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/05/2014 |

### 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 Orthopaedic Surgery 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 61 year old female with a date of injury on 4/3/2002. The mechanism of injury was not documented. Her surgical history was positive for right wrist surgery and bilateral carpal tunnel releases. The 2/27/14 treating physician report cited subjective complaints of intolerable left thumb carpometacarpal pain. There were no current objective findings or diagnosis documented. The treatment plan recommended updated x-rays and resection arthroplasty of the left carpometacarpal joint with surgical assistant. A Kenalog injection to the left thumb carpometacarpal joint was performed. Records indicated there were several prior left thumb carpometacarpal joint injections but the dates of the injections and the responses were not documented. A request for additional information was sent to the provider. The 4/9/14 treating physician response indicated that the current diagnosis was osteoarthritis of the carpometacarpal joint of the thumbs, with the left greater than the right. Conservative treatments had consisted of injections, non-steroidal anti-inflammatory drugs, and a thumb spica splint for the past 4 years. A carpometacarpal injection was noted on 2/29/12 with less thumb pain reported on 3/28/12. The 4/10/14 utilization review denied the retrospective request for left thumb steroid injection on 2/27/14 as there was no documentation of current objective findings, or response to prior injection therapy. The request for carpometacarpal joint arthroplasty and assistant surgery was denied as was no documentation of objective findings, imaging, or comprehensive conservative treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Steroid injection of 10mg Kenalog to the left thumb: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Page 265.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 845.

**Decision rationale:** The American College of Occupational and Environmental Medicine guidelines for hand/finger osteoarthritis recommend intra-articular glucocorticosteroid injections for the treatment of subacute or chronic hand osteoarthritis. Indications include moderately severe or severe hand osteoarthrosis pain with insufficient control with non-steroidal anti-inflammatory drugs (NSAIDs), acetaminophen, and potentially splinting, and/or exercise. In this case, the guideline criteria have not been met. There was no current pain or functional assessment or detailed objective findings provided. Evidence of a recent, reasonable, and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

**1 resection arthroplasty of the CMC joint: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 850-851. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), Arthroplasty, finger and/or thumb (joint replacement)

**Decision rationale:** The American College of Occupational and Environmental Medicine guidelines indicate that fusion is recommended for treatment of select workers with hand osteoarthritis. This surgery is often career ending for workers who perform manual labor or requires cessation of manual tasks. Workers should be appropriately counseled. Fusion is generally helpful for workers with significantly symptomatic osteoarthritis who fail to achieve relief from other treatments. The Official Disability Guidelines recommend thumb arthroplasty for the treatment of stage III and early stage IV osteoarthritis of the carpometacarpal joint in workers with low activity demands. Contraindications include lack of stability, non reconstructable extensor tendons, florid or chronic injection and lack of worker compliance. In this case, the guideline criteria have not been met. There is no current radiographic or imaging evidence documented consistent with stage III and early stage IV osteoarthritis of the carpometacarpal joint. There is no current pain or functional assessment, or objective clinical exam evidence documented. There is no documentation of the worker's activity demand levels. Evidence of a recent, reasonable, and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

**1 surgical assistant: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Centers for Medicare & Medicaid Services- Physician Fee Schedule-<http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, Physician Fee Schedule

**Decision rationale:** As the surgical request is not supported, this request for 1 surgical assistant is not medically necessary.