

Case Number:	CM14-0069506		
Date Assigned:	07/18/2014	Date of Injury:	01/28/2006
Decision Date:	08/25/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/14/2014

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 Georgia and 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 65-year-old female who reported an injury on 01/28/2006 after lifting a patient. The injured worker reportedly sustained an injury to her right upper extremity. The injured worker's treatment history included splinting, modified activities, long-term usage of antidepressants, corticosteroid injections, and physical therapy. The injured worker was evaluated on 02/03/2014. It was noted that the injured worker had significant pain at the base of her right thumb with residual weakness and tingling in the right hand. Physical findings included thenar atrophy and swelling over the basal joint of the right hand. The injured worker had a positive Tinel's and Phalen's sign on the right with a positive provocative test over the Guyon's canal. The injured worker's diagnoses included history of severe carpal tunnel syndrome with ulnar neuropathy, right basal joint arthropathy, and status post right carpal tunnel release and ulnar nerve decompression on 09/20/2012. A request was made for basal joint resection arthroplasty. A letter of appeal indicated that the injured worker had exhausted conservative treatments and had significant physical findings. It was noted that the previous request for basal thumb arthroplasty was denied secondary to a lack of x-ray studies. The treating provider indicated that x-ray findings were not needed in this clinical situation, as the patient had very distinctive physical findings that have failed to respond to multiple conservative treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Basal Joint Arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Indications for Joint Replacement of the Finger or Thumb Official Disability Guidelines: Page 19, 2010 Revision, Web Edition; Chapter Forearm, Wrist, Hand.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Chapter, Arthroplasty, finger and/or thumb (joint replacement).

Decision rationale: The American College of Occupational and Environmental Medicine recommends surgical intervention for the forearm, wrist, and hand be supported by clear clinical findings and diagnostic studies of a lesion that would benefit both long and short term from surgical intervention. Furthermore, the Official Disability Guidelines recommend x-ray studies to support severe osteoarthritis prior to a thumb replacement. The clinical documentation submitted for review does support that the injured worker has significant clinical findings of thumb osteoarthritis that has failed to respond to conservative treatment. However, without imaging studies to support the need for surgical intervention, the medical necessity of this request cannot be determined. As such, the requested Right Basal Joint Arthroplasty is not medically necessary or appropriate.

Post Operative Physical Therapy 3 x per Week x 3 Weeks: 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: As the primary service is not supported, this associated service is also not supported.