

<b>Case Number:</b>	CM14-0072108		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	11/02/2010
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 Surgeon and Hand Surgeon, 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 73-year-old male who reported an injury on 11/02/2010 to an unknown mechanism of injury. The injured worker reportedly sustained an injury to his right hand. The injured worker reportedly developed carpal tunnel syndrome and underwent carpal tunnel release in 2011, and revision on 07/31/2013. This was followed by conservative treatment to include physical therapy and injections. The injured worker underwent x-rays of the right hand that indicated there were postsurgical changes with osteopenia and osteoarthritis. The patient was evaluated by an agreed medical examiner on 04/02/2014. It was noted that the patient underwent right basal thumb joint arthroplasty in 11/2010. Evaluation of the hand and digits documented a slightly abnormal texture and tone with decreased function of the right thumb and tenderness at the base of the bilateral thumb and thenar atrophy of the left and right thumb. There was no evidence of triggering. The patient had a positive Finkelstein's test and positive grind test to the right. The injured worker's diagnoses included bilateral carpal tunnel syndrome and double crush syndrome. A request was made for hypothenar fat flap and right thumb carpometacarpal joint revision and arthroplasty. However, no recent evaluation from a surgeon or justification for the request was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hypothenar Fat Flap and Right Thumb Carpometacarpal Joint (CMCJ) Revision Arthroplasty:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; [www.odgtwc.com](http://www.odgtwc.com); Section:Forearm, Wrist, and Hand (Acute and Chronic).

**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, Arthroplasty, finger and/or thumb (joint replacement).

**Decision rationale:** The requested Hypothenar Fat Flap and Right Thumb Carpometacarpal Joint (CMCJ) Revision Arthroplasty is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not specifically address this requested. The Official Disability Guidelines recommend arthroplasty of the finger and thumb when there is sufficient bone support and symptomatic arthritis of the interphalangeal joint. The clinical documentation submitted for review does indicate that the osteopenia is identified on x-ray. Additionally, there is no recent evaluation of the patient's thumb that provides evidence that they are significantly symptomatic and would require revision of the previous arthroplasty done in 11/2012. There is no documentation of significant joint dysfunction that would require surgical intervention. Therefore, the requested Hypothenar Fat Flap and Right Thumb Carpometacarpal Joint (CMCJ) Revision Arthroplasty is not medically necessary or appropriate.