

Case Number:	CM14-0073472		
Date Assigned:	07/16/2014	Date of Injury:	01/28/2011
Decision Date:	08/22/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/20/2014

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 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 64-year-old female who reported an injury on 01/28/2011 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to the bilateral hands and wrists. The injured worker was evaluated on 02/18/2014. The injured worker had decreased grip strength described as 4/2/2 kg when compared to the left described as 6/8/8 kg. Request was made for a right lateral CMC interposition arthroplasty with flexor carpi radialis. No 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:

Right lateral CMC (Carpometacarpal) Interposition Arthroplasty with Flexor Carpi Radialis Quantity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm/Wrist/Hand Chapter.

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 request right lateral CMC interposition arthroplasty with flexor carpi radialis is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend surgical intervention for the hand when there is documentation of clear physical findings supported by an imaging study that have failed to respond to conservative treatment. The clinical documentation submitted for review does not provide a recent assessment of the patient's thumb injury or an imaging study to support the need for arthroplasty. Official Disability Guidelines recommend arthroplasty for patients who have evidence of traumatic arthritis with limited functionality and evidence that the patient's bone structure would support arthroplasty. The clinical documentation submitted for review does not provide any physical findings to support the need for surgical intervention or that the injured worker's bone structure would support this type of surgery. As such, the requested right lateral CMC (carpometacarpal) interposition arthroplasty with flexor carpi radialis is not medically necessary or appropriate.