

Case Number:	CM14-0074894		
Date Assigned:	07/16/2014	Date of Injury:	10/01/2013
Decision Date:	08/22/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/22/2014

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 59-year-old female who reported injury on 10/01/2013. The specific mechanism of injury was not provided. The treatment plan for the prior treatments included 1 physical therapy visit and thumb spica bilateral splints as well as a steroid injection to the bilateral thumb bases in 05/2013. Other treatments included a carpometacarpal arthroplasty and ligament reconstruction as well as an STT (Scaphotrapeziotrapezoidal) arthroplasty on 02/06/2014 on the left side. The documentation of 04/29/2014 revealed the injured worker had osteoarthritis of the basilar joint of the right thumb. The physical examination revealed tenderness to palpation and right greater than left CMC (Carpometacarpal) joint area with swelling and bruising on the right side as well as decreased range of motion by 40% to 50% in right greater than left. The strength was 5/5. The documentation indicated the injured worker was recommended surgical repair on her right CMC (Carpometacarpal) joint and thumb as was performed on the left thumb.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist STT (Scaphotrapeziotrapezoidal) arthroplasty: 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), Treatment in Workers Compensation (TWC), Forearm, Wrist and Hand procedure Summary, last updated 02/18/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The ACOEM Guidelines indicate a surgical consultation may be appropriate for injured workers who have red flags of a serious nature, failure to respond to conservative treatment and have clear clinical and special study evidence of a lesion that has been shown to benefit in both the short and long term from surgical intervention. The clinical documentation submitted for review indicated the injured worker had symptomatic arthritis of the right joint. However, there was no documentation of radiologic findings or MRI findings to support the physical examination. Given the above, the request of right wrist STT (Scaphotrapeziotrapezoidal) arthroplasty is not medically necessary and appropriate.

Right thumb index ligament reconstruction: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fredrich JB, Katolik LI, Vedder NB. J. Hand Surg Am. 2009 Jul-Aug;34(6): 1148-55.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The ACOEM Guidelines indicate a surgical consultation may be appropriate for injured workers who have red flags of a serious nature, failure to respond to conservative treatment and have clear clinical and special study evidence of a lesion that has been shown to benefit in both the short and long term from surgical intervention. The clinical documentation submitted for review indicated the injured worker had symptomatic arthritis of the right joint. However, there was no documentation of radiologic findings or MRI findings to support the physical examination. There was no documentation of laxity on examination. The physical examination failed to indicate a necessity for ligament reconstruction. Given the above, the request for Right thumb index ligament reconstruction is not medically necessary and appropriate.

Right thumb base scar incision, local flap closure: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.