

Case Number:	CM14-0081394		
Date Assigned:	07/23/2014	Date of Injury:	06/19/2012
Decision Date:	09/10/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/03/2014

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 49 year old female with an injury date on 6/19/12. Due to reported trauma resulting in bilateral carpal tunnel syndrome the injured worker underwent; left carpal tunnel release, right carpal tunnel injection, and bilateral basilar thumb injections. She continues to complain of right basilar thumb pain, intermittent numbness, and tingling in right hand. She indicates difficulty pinching and lifting heavy files. The clinical exam shows she has tenderness in her basilar thumb. The grind test was painful for the injured worker. The Phalen's and carpal tunnel were positive and there was no evidence of first dorsal compartment or Finklestein's test being positive. The injured worker was to be treated with non-steroidal anti-inflammatory drugs and a thumb splint. In October 2013, she had another injection and symptoms continued, surgery was requested and denied. On 4/28/14, the exam notes indicate continued thumb pain and numbness and no atrophy. Independent medical evaluation on 6/19/14 indicated that a carpal tunnel compression test reduced numbness to the index finger and long finger. Phalen's test is negative and the injured worker's strength was unable to be assessed due to basilar thumb pain. There was no atrophy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right carpal tunnel release, right thumb ligament reconstruction tendon, right forearm tendon transfer, right forearm tendon graft, right possible joint stabilization: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: There is no indication of electromyography nerve conduction studies supporting the diagnosis of carpal tunnel. The clinical exam has a negative Phalen's test with no atrophy. There is no evidence of night splints or any therapy programs. There is no evidence of radiographs supporting basilar thumb arthritis. In addition, the independent medical evaluator does not indicate further treatment of the thumb. The need for this surgery cannot be supported and is not medically necessary.

Post-op splinting: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: There is no radiographic evidence of the extent of thumb basilar arthritis to indicate surgery and no recent thorough clinical exam of the thumb to support the need for surgical intervention. Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-op Occupational Therapy two times a week for four weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260, 16.

Decision rationale: The necessity of the surgery has not been established. Physical therapy may be approved for a specific number of post operative visits per American College of Occupational and Environmental Medicine and the Official Disability Guidelines criteria. The literature supports therapy after surgery for basilar thumb arthritis, but indicates no improved long term outcomes are a result after carpal tunnel surgery. Since the primary procedure is not medically necessary, none of the associated services are medically necessary.