

<b>Case Number:</b>	CM14-0086300		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/07/2012
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Plastic Surgery/Hand Surgery and is licensed to practice in Oregon. 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 patient is a 26 year old male who sustained an injury on 4/7/12. Due to ongoing severe pain, he underwent right thumb MP (metacarpophalangeal joint) arthrodesis on 11/6/2012 followed subsequently by hardware removal. The patient notes that his pain has significantly improved since the thumb arthrodesis, but he continues to have pain over the volar radial aspect of the right thumb as well as in his right wrist. On physical examination of his right thumb, he has a well-healed surgical incision consistent with right thumb MP arthrodesis. The MP joint is solidly fused at -10. There is no scar sensitivity. IP (interphalangeal) range of motion ranges from 0-50. He is non-tender over the CMC (carpometacarpal) joint. He does have focal tenderness over the radial sesamoid bone. He also has a positive Finkelstein's test consistent with right de Quervain's tenosynovitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right thumb radial sesamoidectomy outpatient:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

**Decision rationale:** The patient has sesamoid pain. ACOEM and MTUS do not address the request for sesamoidectomy. According to ACOEM, Chapter 11, page 270, referral for hand surgery consultation may be indicated for patients who: (1) Have red flags of a serious nature; (2) Fail to respond to conservative management, including worksite modifications; (3) 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. In this case, the records do not document a trial of conservative management. A study by Chin et al on chronic sesamoiditis of the thumb concluded: "Previous reports have suggested that nonoperative treatment is not effective in the management of chronic sesamoiditis. We found that steroid injections were an acceptable treatment modality with long-lasting results. Failures can be successfully treated with sesamoidectomy." Per the citation, a steroid injection would be the appropriate conservative treatment for this condition. Therefore, the request is not medically necessary.