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| Case Number: | CM13-0033918 | | |
| Date Assigned: | 12/06/2013 | Date of Injury: | 05/06/2010 |
| Decision Date: | 03/13/2015 | UR Denial Date: | 10/07/2013 |
| Priority: | Standard | Application Received: | 10/15/2013 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 (IW) is a 67 year old male, who sustained an industrial injury on May 6, 2010. He has reported continued pain and stiffness in the hands and neck pain and was diagnosed with status post left long metacarpophalangeal (MP) arthroplasty, right long MP arthrosis, right long finger flexor tenosynovitis, bilateral cubital tunnel syndrome and status post-nonindustrial right small finger Dupuytren's release. Treatment to date has included surgical consultation, surgical repair, occupational therapy, home exercise program, ultrasound therapy, pain medications and work restrictions. Currently, the IW complains of pain and stiffness in the right hand, worse with overuse. The documentation provided did not include the mechanism of the work related injury. It was noted the IW had pain in the hands and neck with reports of cervical spondylosis without myelopathy. The request however is for surgical procedure of the right hand. It was noted there was no significant improvement in hand pain or stiffness with occupational therapy and ultrasound treatments. Evaluation on May 8, 2013 revealed continued pain in the hands. It was noted surgical repair would be a possibility if the symptoms continued. On September 25, 2013, evaluation revealed continued pain and stiffness after occupational therapy, pain medications and work restrictions were unsuccessful in providing pain relief. On October 7, 2013, Utilization Review (UR) non-certified a request for urgent, right, long metacarpophalangeal joint replacement, noting the ODG was cited. The UR denial rationale were not included with the medical records provided. The reason for the urgency was not documented. On February 12, 2015, the injured worker submitted an application for IMR for review of requested right, long metacarpophalangeal joint replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right long metacarpophalangeal joint replacement: 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), Forearm, Wrist & Hand

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Hand, Topic: Arthroplasty, finger and/or thumb (joint replacement).

Decision rationale: ODG guidelines indicate arthroplasty for fingers is recommended to reduce pain and maintain function of the proximal interphalangeal joint and in the thumb CMC joint for the treatment of stage III an early stage IV osteoarthritis in older patients with low activity demands. Arthroplasty is also an option for interphalangeal joint fractures and dislocations. However, an indication for osteoarthritis of the metacarpophalangeal joint is not listed. Arthroplasty of the metacarpophalangeal joint is performed in rheumatoid patients. The request for authorization dated 9/27/2013 indicated subjective complaints of increasing pain and stiffness in the right hand. The location of the pain and stiffness is not documented. The objective findings included slight swelling and tenderness of the right long MP joint with slight stiffness of the MP joint with pain on range of motion. The range of motion is not documented. Stability of the collateral ligaments is not documented. Radiology findings with regard to the degree of osteoarthritis are not submitted. The recommendation was surgery. A prior progress note dated 8/14/2013 indicates improvement with occupational therapy and naproxen. The notes do not document use of a proton pump inhibitor with the naproxen. Corticosteroid injections are not documented. In light of the above, nonoperative treatment has not been exhausted. The documentation submitted does not include radiology findings, and does not include a detailed examination of the right third finger. ODG guidelines do not support metacarpophalangeal arthroplasty for osteoarthritis. As such, the request for an urgent metacarpophalangeal arthroplasty of the right long finger was not supported and the medical necessity was not established.