

Case Number:	CM14-0193292		
Date Assigned:	12/01/2014	Date of Injury:	09/10/2012
Decision Date:	01/13/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/18/2014

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 and Reconstructive Surgery and is licensed to practice in North Carolina, Virginia and Maryland. 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 71 year old male with a reported date of injury on 9/10/12 who requested authorization for surgery of the CMC joints of the bilateral thumbs with possible joint replacement. Documentation from chiropractic evaluation dated October 1, 2014, notes the patient has 'severe' pain in the bilateral thumb CMC joints that is affecting his activities of daily living. Medication list includes Tramadol and ibuprofen. Examination notes tenderness of the bilateral thumb CMC joints. There are positive grind tests and stated radiographic evidence of end-stage osteoarthritis of the CMC joints. Electrodiagnostic studies from 6/27/14 note mild left carpal tunnel syndrome. Activity modification was recommended. Documentation from chiropractic evaluation dated 8/27/14 notes the patient has pain of both hands and wrists. Medication list includes Tramadol and ibuprofen. Examination notes left positive Finkelstein test including a positive carpal tunnel test. Range of motion is tender for the bilateral wrists with stiffness in flexion and extension and tenderness of the bilateral thumb CMC joints. Electrodiagnostic studies from 6/27/14 note mild left carpal tunnel syndrome. Impression is that the right thumb base fracture is healed, status post repair of the right thumb CMC joint injury and torn tendons in 2013, bilateral DeQuervain's tenosynovitis, mild left carpal tunnel syndrome and left wrist flexor tenosynovitis. Recommendation is made for activity modification as well as referral to hand surgery for consideration of surgical options for the left wrist. RFA had been sent 7/15/14 and is awaiting response. Previous documentation notes treatment of bilateral thumb/hand/wrist pain, recommendation for physical therapy and evaluation by hand surgery. Documentation from 6/11/14 notes the patient is still complaining of pain to both of his joints. Joint replacement was discussed. Examination notes that the patient still has a positive grind test. His range of motion is decreased of the thumb. He has tenderness about the wrist joint. Diagnosis is stated as bilateral CMC joint arthritis. Tramadol was refilled. X-ray report

dated 6/2/14 notes PA and lateral views of the hands were performed. X-ray findings of the right hand are the following: alignment within normal limits, mineralization is normal, no significant degenerative changes are seen and no evidence of fracture. The right wrist reveals an unremarkable study. The right thumb reveals an unremarkable study. X-ray findings of the left hand are the following: no significant degenerative changes seen and chronic appearing comminuted fracture is seen involving the ulnar styloid process. The left wrist reveals an old chipped fracture deformity with callus formation and no significant degenerative changes seen in the visualized bony structures of the wrist. The left thumb reveals an unremarkable study. Documentation from 4/30/14 notes the patient complains of pain to both wrists. Stated X-ray reports show degenerative joint arthritis at the CMC joints. He has no joint space in either CMC joint. Examination notes positive grind test pain. Recommendation is to consider joint replacements. MRI evaluation of the right wrist from 5/9/13 note postsurgical scarring of the first metacarpal head and first metacarpophalangeal osteoarthritis/ UR review dated 10/23/14 did not certify the procedure as CMC joint arthroplasty is indicated for end-stage osteoarthritis. There are X-rays from the radiologist showing no degenerative changes of the left or right thumb. It would be helpful to reconcile the X-rays that show no degenerative changes. Previous surgical procedure includes a right CMC arthroplasty in 3/25/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery of the CMC joints of the bilateral thumbs with possible thumb CMC joint replacement: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand, Arthroplasty, Finger and/or thumb (joint replacement)

Decision rationale: The patient is a 71 year old male with documented bilateral CMC joint pain that has failed conservative management. Previous stated X-ray report from a previous hand surgeon noted significant degenerative osteoarthritis of the bilateral thumb CMC joints dated 4/30/14. However, formal X-ray diagnoses from 6/2/14 do not note show evidence of any degenerative changes of the bilateral thumb CMC joints. Thus, there is not clear evidence that the patient has Stage III or Stage IV degenerative osteoarthritis of the bilateral thumb CMC joints that could warrant total joint arthroplasty as recommended by ODG guidelines for total joint replacement. Thus, total thumb CMC joint arthroplasty should not be considered medically necessary.