

Case Number:	CM14-0194534		
Date Assigned:	12/02/2014	Date of Injury:	03/03/2014
Decision Date:	01/16/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/20/2014

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 Surgeon, and is licensed to practice in Illinois. 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 53-year-old male who reported an injury on 03/03/2014. The mechanism of injury involved repetitive activity. The current diagnoses include left thumb metacarpophalangeal joint radial collateral ligament tear; left thumb metacarpophalangeal joint osteoarthritis, left thumb metacarpophalangeal joint capsulitis, and left thumb carpometacarpal joint osteoarthrosis. The injured worker presented on 09/25/2014 with complaints of left thumb pain. Previous conservative treatment includes bracing, activity modification, and medication management. Physical examination of the left thumb revealed an ulnar deviation deformity at the metacarpophalangeal joint, consistent with a radial collateral ligament rupture, pain upon motion of the metacarpophalangeal joint, minimal to mild swelling, intact sensation, 20 to 30 degree range of motion of the metacarpophalangeal joint, and 20 to 40 degree range of motion of the interphalangeal joint. Treatment recommendations at that time included an arthrodesis to treat the radial collateral ligament dysfunction and osteoarthrosis. A Request for Authorization form was then submitted on 10/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left thumb metacarpophalangeal joint arthrodesis with bone grafting under fluoroscopy:
Upheld

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

Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, Arthroplasty, finger and/or thumb (joint replacement)

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 & Hand Chapter, Arthrodesis (fusion).

Decision rationale: The Official Disability Guidelines recommend an arthrodesis in severe post-traumatic arthritis in the wrist or thumb or digit after 6 months of conservative therapy. According to the documentation provided, there is no evidence of an exhaustion of all conservative treatment to include a course of physical therapy and a trial of a corticosteroid injection. Therefore, the current request is not medically necessary.

Associated surgical services: Post-operative Physical therapy 3 times a week for 4 weeks for left thumb: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.