

<b>Case Number:</b>	CM15-0001750		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	08/14/2006
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine

### 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 57 year old female, who sustained an industrial injury on 8/14/06. She has reported pain in the right thumb. The diagnoses include forearm joint pain and prior hand surgeries. Treatment to date has included physical therapy, medications, a left thumb arthroplasty and a right suspension arthroplasty. Currently, the injured worker is requesting a suspension arthroplasty on the left hand. The Utilization Review determination noted two prior surgeries to the left hand with left thumb arthroplasty on 1/20/12 and left thumb fusion on 5/10/12; however these procedures were not discussed in the physician's progress notes. The submitted records do not indicate current medications and there are no diagnostic images in the file for review. The treating physician references an x-ray of the bilateral thumbs, but the date and formal report of the x-ray was not provided. The treating physician notes that the x-ray showed the problem to be at the base of the metacarpal articulation with the trapezoid, and that a similar suspension arthroplasty on the left would involve rongeur of the medial portion of the metacarpal head or possible removal of a part of the trapezoid. Grip strengths in kilograms on the left side were measured at 8, 8, and 8. The treating physician is requesting authorization for a left hand arthroplasty, post-operative splint and physical therapy 3x a week for 4 weeks. The request for authorization notes an associated diagnosis of joint pain, forearm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Left Arthroplasty to rongeur the medial portion of Metacarpal head or possibly remove a part of the Trapezoid:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Wrist and Hand

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): p. 270. Decision based on Non-MTUS Citation forearm/wrist/hand chapter: arthroplasty, finger and/or thumb

**Decision rationale:** The ACOEM notes that surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint, but the specific procedure requested is not addressed. The ODG states that arthroplasty of the finger or thumb is indicated for symptomatic arthritis of the proximal interphalangeal joint, but also does not address the specific procedure requested. The indication for the procedure was not noted, the associated diagnosis of forearm joint pain noted on the request for authorization was not sufficiently specific, and sufficient information regarding the findings at the prior surgeries and radiographic imaging was not provided. Absent this information, the request for left hand arthroplasty to rongeur the medial portion of metacarpal head or possibly remove a part of the trapezoid is not medically necessary.

**Associates Surgical Services: Post-Operative Physical Therapy 3 times a week for 4 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): p. 19.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associates Surgical Services: 1 Splint to left hand for post-operative use:** 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): p.272.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.