

Case Number:	CM15-0008969		
Date Assigned:	02/10/2015	Date of Injury:	06/07/2013
Decision Date:	03/31/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/15/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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 is a 64 year old female, who sustained an industrial injury on June 7, 2013. The diagnoses have included left thumb carpometacarpal arthritis, left thumb carpometacarpal instability, de Quervain's tenosynovitis left wrist, triangular fibrocartilage tear left wrist, lunotriquetral ligament tear left wrist. Treatment to date has included arthroscopic synovectomy and debridement of the left thumb carpometacarpal joint in January 2014, left thumb carpometacarpal injection with cortisone on November 10, 2014, in July of 2014 a first dorsal compartment release and left wrist arthroscopy with TFC and lunotriquetral ligament repairs and medications for pain. Currently, the injured worker complains of left thumb pain and left wrist pain. In a progress note dated December 15, 2014, the treating provider reports decreased range of motion in the hands and wrist with fairly significant tenderness and swelling over the base of the thumb at the carpometacarpal joint and marked thumb basal joint instability. On December 29, 2014 Utilization Review non-certified a Left wrist arthroscopy, debridement and synovectomy, Zofran 8mg quantity 10 and Zolpidem 5mg, noting, Medical Treatment Utilization Schedule Guidelines, American College of Occupational and Environmental Medicine and Official Disability Guidelines was cited. Documentation from 11/10/14 notes there is no TFC tenderness or distal radioulnar tenderness or instability. The patient continued to have left wrist pain. A steroid injection was performed. Documentation from 12/15/14 notes temporary response to steroid injection for 1-2 weeks. Significant tenderness is noted over the the thumb CMC joint. Imaging is stated to show marked thumb basilar joint instability and moderate

arthritis. Recommendation had been made for thumb CMC arthroplasty and arthroscopy. Both procedures were denied, but on appeal CMC arthroplasty was deemed medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left wrist arthroscopy, debridement, and synovectomy Qty: 1.00: 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). ODG - TWC; ODG Treatment ; Integrated Treatment/ Disability Duration Guidelines , Forearm, Wrist, and Hand Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: The patient is a 64 year old female with a history of 2 arthroscopic treatments of the left wrist and current evidence for left thumb CMC arthritis that had failed conservative management. Based on the current presentation, the main diagnosis appears related to left thumb CMC arthritis and not wrist synovitis or TFCC pathology. Considering the patient had undergone 2 previous arthroscopic treatments on this side, there is no convincing evidence that additional arthroscopic treatment would provide likely benefit. The patient has a clear clinical picture related to the thumb CMC arthritis explaining her symptomatology. Thus, this procedure should not be considered medically necessary. From page 270, ACOEM, Referral for hand surgery consultation may be indicated for patients who:- Have red flags of a serious nature- Fail to respond to conservative management, including worksite modifications- 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.

Zolpidem 5mg Qty: 30.00: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Insomnia, Zolpidem

Decision rationale: The patient is a 64 year old female who was certified on appeal for left thumb CMC arthroplasty. There has not been sufficient medical documentation to justify the use of Zolpidem. Thus, this should not be considered medically necessary. From ODG, Zolpidem is recommended for short term treatment of insomnia. A quantity of 30 is not consistent with this. In addition, there is not sufficient documentation that the patient has difficulty with insomnia.

Zofran 8mg Qty: 10.00: 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), Pain Chapter, Antiemetics

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain chapter, Antiemetics

Decision rationale: The patient was approved for left thumb CMC arthroplasty, but there was not sufficient justification for Zofran, an anti-emetic. There may be indications for use in the post-operative setting but there was insufficient documentation from the requesting surgeon. Thus, Zofran should not be considered medically necessary. This is consistent with ODG guidelines.