

<b>Case Number:</b>	CM15-0102012		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	04/01/2014
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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 58 year old female, who sustained an industrial injury on 4/01/2014. Diagnoses include severe osteoarthritis of the right hand with severe first metacarpal phalangeal (MCP) pain. Treatment to date has included medications including Aleve and Gabapentin. Per the Primary Treating Physician's Progress Report dated 4/15/2015, the injured worker reported right first MCP joint pain that has worsened. Physical examination revealed marked osteoarthritic changes of both hands right somewhat greater than left. She was very tender to light palpation of the first MCP joint. There was decreased range of motion and she was barely able to touch the palmar aspect of the 5th MCP joint with her thumb. The plan of care included surgical intervention and authorization was requested for right thumb MCP fusion surgery and Norco 5/325mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**First Metacarpophalangeal (MCP) Surgery (fusion): 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): 270.

**Decision rationale:** The patient is a 58 year old female with signs and symptoms of probable severe osteoarthritis of the thumb MCP joint that is causing pain and loss of hand function. This has failed conservative management of splinting, NSAIDs, analgesia and activity modification. Radiographic studies are stated to support that she has severe osteoarthritis of the thumb, although greater specifics with respect to the MCP joint were not provided (the DIP joint was noted to have severe joint space osteoarthritic changes with loss of joint space, subchondral cysts and gull winging). She is reported to have not had any further follow-up with the hand surgeon. The last visit with the hand surgeon appears to be from 8/13/14. Overall, the patient appears to have severe arthritic changes of the MCP joint of the thumb that has failed conservative management and is supported by radiographic studies. However, without a recent evaluation or follow-up from the hand surgeon, the requested surgery should not be considered medically necessary. It is unclear the reasoning for lack of follow-up with the hand surgeon. With progression of her condition, the operative plan could change and could involve more complicated intervention. Therefore, after further consultation and follow-up with the surgeon who would ultimately perform the surgery, this could be reconsidered. From Chapter 11, 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. Therefore this request is not medically necessary.

**Norco 5/325mg 1-2 at HS #45:** Upheld

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

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

**Decision rationale:** As the procedure was not considered medically necessary, post-operative analgesia would not be necessary.