

Case Number:	CM15-0107581		
Date Assigned:	06/12/2015	Date of Injury:	11/06/2010
Decision Date:	07/14/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/28/2015

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 47-year-old female who reported an industrial injury on 11/6/2010. Her diagnoses, and/or impressions, are noted to include: pain in joint forearm; and tenosynovitis/pain in joint hand; pain in both wrists, especially ulnar side of the right wrist; hyper-extensile right thumb "MCP"; and left trigger thumb. Recent magnetic imaging studies of the right thumb are noted on 12/18/2014; no current electrodiagnostic studies are noted. Her treatments have included diagnostic studies; bilateral wrist braces; injection therapy; medication management; and modified work duties. The progress notes of 5/6/2015 noted reports of no improvement in her moderate-severe, bilateral and radiating wrist pain with numbness. Objective findings were noted to include positive Finkelstein and positive subluxation at the base of metacarpal in the right upper extremity; positive Finkelstein in the left upper extremity; bilateral de Quervain's and right thumb volar plate disruption. The physician's requests for treatments were noted to include surgery to the right thumb with medical clearance, which includes laboratories, chest-x-ray and electrocardiogram; and post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exploration and repair of the right thumb volar plate: Upheld

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

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

Decision rationale: The patient is a 47-year-old female with a stated diagnosis of right thumb volar plate disruption with a hyperextension of 30-45 degrees at the MCP joint. A request had been made for exploration and repair of the volar plate injury. Etiology of a volar plate disruption is unclear. Radiographic support of a MCP subluxation is lacking. Effect of the hyperextensible joint on hand function was not clarified. Specific documentation with respect to conservative management including bracing and physical therapy of the stated volar plate disruption was not detailed. Therefore, the requested procedure should not be considered medically necessary. Per ACOEM, Chapter 11, page 270; 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. The request is not medically necessary.

Associated surgical services: Medical clearance, labs, chest x-ray and electrocardiogram (EKG): Upheld

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

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

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

Post-operative physical therapy 2 times a week for 3 weeks for the right thumb: Upheld

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

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

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