

Case Number:	CM15-0133054		
Date Assigned:	07/21/2015	Date of Injury:	07/01/2007
Decision Date:	08/24/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/09/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports 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 60 year old male, who sustained an industrial injury on 7/1/2007. Diagnoses have included right shoulder strain with rotator cuff tendinitis-bursitis, crush injury of the right thumb-wrist with a history of fracture at the base of the right thumb, right carpal tunnel syndrome and left shoulder strain and bicep rupture. Treatment to date has included surgery, acupuncture, right wrist brace, physical therapy and medication. According to the progress report dated 5/5/2015, the injured worker complained of intermittent, severe right thumb and wrist pain. His right hand and thumb were becoming weaker with less range of motion due to severe pain. He also complained of left shoulder pain with severe, restricted range of motion. Exam of the right wrist and hand revealed tenderness to palpation about the CMC joint of the thumb. There was weakness in grip strength. Authorization was requested for right thumb, wrist removal of hardware, wrist irrigation and debridement, thumb open reduction internal fixation with K-wire, fluoroscopy, post-op physical therapy and short arm cast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right thumb wrist removal of hardware, wrist I&D, thumb open reduction internal fixation with K-wire, fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm Wrist & Hand.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine PubMed database.

Decision rationale: This is a request for a multiple thumb surgeries including hardware removal, incision and drainage, open reduction and internal fixation and "zaniullic cinc arthroplasty." Provided records suggest the patient has undergone prior spherical interposition basal thumb arthroplasty. The most recent records including a pain diagram completed by the patient on February 9, 2015 document diffuse symptoms in the neck, upper back and throughout the right upper extremity. Only a minority of symptoms could be attributed to the presumed diagnosis of failed trapezium-metacarpal implant interposition arthroplasty. Zaniullic cinc arthroplasty likely represents a typographical error a search of the National Library of Medicine's PubMed database identified no mention of such a procedure. There is insufficient documentation to support the request for the multiple surgical procedures and it is unlikely the multiple proposed thumb surgeries will result in substantial functional improvement, such as return to work. Therefore, the multiple requested surgeries are not supported as being medically necessary.

Associated surgical service: Short arm cast, right wrist: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post op physical therapy, 2 x 6 weeks, right thumb: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.