MAXIMUS Federal Services

Case Number:	CM15-0163279		
Date Assigned:	08/31/2015	Date of Injury:	01/28/2013
Decision Date:	10/09/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/20/2015

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 62 year old female with an industrial injury dated 01-28-2013. Her diagnoses included carpal tunnel syndrome, right recurrent carpal tunnel syndrome and gamekeeper's thumb. Prior treatment included A-1 pulley release, release of left carpal tunnel and release of left median nerve and medications. She presented on 07-30-2015 with pain and swelling of the proximal phalanx of the thumb post fall. Physical exam noted positive Phalen's test, positive reverse Phalen's test and wrist flexion-compression test. The right thumb had a palpable tender nodule at the ulnar aspect of the MP joint. MRI of right thumb dated 06-15-2015 showed laxity of the ulnar collateral ligament of the right thumb metacarpophalangeal joint resulting in severe radial deviation of the proximal phalanx at the metacarpophalangeal joint of the right thumb. The treatment requests are: X-ray of the right wrist, Thumb metacarpo-phalangeal joint ulnar collateral ligament reconstruction using tendon graft harvested from palmaris longus tendon under fluoroscopy, Right wrist thumb spica splint, Norco 10/325 mg, forty count, Keflex 500 mg, twenty count.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thumb metacarpophalangeal joint ulnar collateral ligament reconstruction using tendon graft harvested from palmaris longus tendon under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Gamekeeper's Thumb Surgery Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Book Chapter Ulnar Collateral Ligament Injuries of the Thumb (Gamekeeper's Thumb, Skier's Thumb) Jack Ingari and Gary Blum Essential Orthopaedics, Chapter 85 and 345-348.

Decision rationale: The patient is a 62 year old female with signs and symptoms of a possible ulnar collateral ligament partial tear. The patient has a palpable painful nodule along the ulnar collateral ligament of the thumb metacarpophalangeal joint, but the documentation does not support a Stener lesion. The MRI evaluation does not support that there is a complete tear of the ulnar collateral ligament as well. Based on the documentation, the patient has a chronic ulnar collateral ligament partial injury and thus conservative management should be well-documented prior to any surgical intervention. This has not been adequately documented. The patient has not been documented to have undergone specific splinting in the form of a thumb spica splint. From the peer-reviewed, the following is recommended, Chronic, partial tears consider intra-articular corticosteroid injection followed by cast or splint immobilization and nonsteroidal anti-inflammatory drugs for 3 weeks. Therefore, as the documentation does not support a complete tear of the ulnar collateral ligament and this appears to be a chronic condition, conservative management should be documented. Therefore, reconstruction of the ulnar collateral ligament should not be considered medically necessary.

Norco 10/325 mg, forty count: 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 requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

Keflex 500 mg, twenty count: 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 requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery

is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

X-ray of the 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

Right wrist thumb spica splint: 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 requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.