

Case Number:	CM15-0184992		
Date Assigned:	10/01/2015	Date of Injury:	01/01/2013
Decision Date:	11/16/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/21/2015

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 63 year old female with an industrial injury dated 01-01-2013. A review of the medical records indicates that the injured worker is undergoing treatment for right thumb: carpometacarpal joint degenerative joint disease, status post carpometacarpal joint arthroplasty, right hand; severe postsurgical swelling and stiffness, left thumb; carpometacarpal joint degenerative joint disease, right wrist: carpal tunnel syndrome, right wrist: De Quervain's tenosynovitis, and right ring finger: trigger finger. In a progress report dated 07-16-2015, the injured worker reported postoperative stiffness involving all digits in the right hand, although the pain that was significant involving the base of the thumb has largely resolved. The injured worker reported that her left thumb pain was unchanged but tolerable. Objective findings (07-16-2015) revealed substantial limitation of all digits of the right hand compared to the left with minimal diffuse swelling, inability to make a grip with the right hand with a significant fingertip to palmar lag exceeding 2 cm in all digits, tenderness in the resected basal joint of the right thumb, tenderness, swelling and crepitation with manipulation of the left thumb basal joint and positive axial grind test on the left side. According to the progress note dated 08-24-2015, the injured worker reported that since her last visit she feels unchanged. Pain level was 3 out of 10 and rated a 7 out of 10 for disability. The associated symptoms include weakness, swelling, instability, giving way, stiffness and decreased range of motion. The pain is intermittent and occurs with activities. Rest and medications improves symptoms. Objective findings (08-24-2015) revealed moderate swelling with inability to make full fist and inability to reach thumb to middle finger, mild tenderness to palpitation along the radial aspect of the wrist along the first

extensor compartment and positive Finkelstein maneuver. Right finger revealed tenderness to palpitation along the A1 pulley and mild clicking along that area. Left thumb and wrist revealed tenderness to palpitation along the carpometacarpal joint of the thumb and positive grind maneuver of the thumb, positive Durkan and negative Tinel. The treating physician reported that the X-ray of series of the right hand and wrist dated 07-16-2015 revealed a well suspended 1st metacarpal with surgical absence of the trapezium with no suggestion of osteoarthritic changes involving the remainder of the right hand and wrist. Treatment has included radiographs of the right thumb dated 03-02-2015, radiographs of the right hand dated 12-08-2014, radiographs of the right hand dated 11-10-2014, electrodiagnostic studies of bilateral upper extremity on 02-21-2014, radiographs of the bilateral wrists dated 04-16-2013, prescribed medications, and periodic follow up visits. The treating physician prescribed services for manipulation of all digits of right hand under anesthesia, immediate post-operative hand therapy 12 sessions, and Norco 10-325mg #40. The utilization review dated 08-26-2015, non-certified the request for manipulation of all digits of right hand under anesthesia, immediate post-operative hand therapy 12 sessions, and Norco 10-325mg #40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manipulation of all digits of right hand under anesthesia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Wrist, and Hand chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand, manipulation under anesthesia.

Decision rationale: The patient is a 63 year old female with a history of right thumb CMC arthroplasty. This was complicated by chronic pain and severe limitation in finger flexion that is well-documented. She has failed extensive conservative management of splinting, rest, medical management, hand therapy and activity modification. Recommendation had been made for a continuous passive motion (CPM) DME. This does not appear to have been approved in the past. However, on the most recent examination dated 8/24/15, this was recommended again. With respect to manipulation under anesthesia, ODG does not recommend this as there are no high quality studies published in peer-reviewed journals accepted into Medline. Therefore, the requested procedure should not be considered medically necessary at this time.

Immediate Post operative hand therapy; 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

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

Norco 10/325mg #40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

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