

Case Number:	CM15-0197857		
Date Assigned:	10/13/2015	Date of Injury:	11/18/2011
Decision Date:	12/04/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/08/2015

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 51 year old female who sustained an industrial injury on November 18, 2011. Recent follow up dated September 14, 2015 reported subjective complaint of "severe pain of the left thumb", basilar joint. There is moderate swelling of the left radial first carpal metacarpal joint area with exquisite pain and tenderness. The grinding maneuver is positive with significant pain and discomfort. The left thumb MCP joint is beginning to assume compensatory hyperextension. However, stressing the left hand MCP joint, collateral ligament, and volar plate did not reveal any instability. "She has failed all conservative options so far." She is to be scheduled to undergo left thumb basilar joint arthroplasty and all associated procedures. The following diagnoses were applied to the visit: sprain of metacarpophalangeal joint of hand; hand sprain, unspecified site, and tenosynovitis, wrist and hand. A primary treating office visit dated September 14, 2012 reported subjective complaint of "severe and worsening pain over the left thumb basal joint." Her "left thumb basal joint is slight swollen now." There is note of "exquisite focal tenderness in the area and the grinding maneuver again elicits severe pain and discomfort." On September 23, 2015 a request was made for left first carpal metacarpal arthroscopy and associated procedures that was noncertified by Utilization review on September 28, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left 1st Carpal Metacarpal Arthroplasty plexi carpl radialis transfer, Partial excision of trapezoid and 2nd metacarpal base: 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 based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed.Chapter 13, Thumb Basal Joint Arthritis.

Decision rationale: This is a request for multiple hand surgeries. The most recent report from the requesting surgeon dated September 14, 2015 describes symptoms and signs consistent with arthritis at the base of the thumb, but no x-ray findings are mentioned and no diagnosis is given. The report is vague regarding the surgical plan for thumb basilar joint arthroplasty and "all associated procedures." The request for authorization includes multiple current procedural terminology codes some of which are not related to the treatment of basilar thumb arthrosis. For example the 25130 code corresponds to "excision or curettage of bone cyst or benign tumor of carpal bones" -- there is no mention in provided records of a bone tumor. The surgical treatment of thumb basal joint arthritis is beyond the scope of the California MTUS guidelines, but discussed in detail in the specialty text referenced. There is insufficient medical support for the requested multiple surgeries which are determined to be medically unnecessary.