

<b>Case Number:</b>	CM15-0204371		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	09/11/2013
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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 female, who sustained an industrial injury on 9-11-13. The injured worker was diagnosed as having left trapeziometacarpal arthritis. Subjective findings (8-28-15) indicated a left hand and wrist problem after falling at work on 8-8-15. Objective findings (8-28-15) revealed a deformity of the left trapeziometacarpal joint with a positive grinding test and pain on palpation. Treatment to date has included a left wrist x-ray on 9-18-15 showing significant trapeziometacarpal arthritis. The Utilization Review dated 10-12-15, non-certified the request for a trapeziectomy with mini tightrope fixation of the left hand/wrist, as an outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Trapeziectomy with mini tightrope fixation of the left hand/wrist, as an outpatient:**

Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. 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 trapezium resection in a 60-year-old woman with arthritis at the base of her thumb. Arthritis in this location is very common in women and is a normal effect of aging. The proposed surgery is not discussed in the California MTUS guidelines; many surgical procedures are used for this condition and are covered in the specialty text referenced above. In this case, just a couple reports from the requesting surgeon dated September 1, 2015 and October 2, 2015 are available for review. Individuals with limited function due to painful arthritis in this location are candidates for surgery only when routine non-surgical treatment has been ineffective. Such treatment would typically include a combination of activity modification, flexible or rigid splinting, simple medications such as acetaminophen and/or nonsteroidal anti-inflammatory medications and steroid injections. The limited records provided for review mention splinting, but do not document any other non-surgical treatment. Non-surgical treatment is appropriately performed before consideration of surgery, which carries greater risks. In this case, there is no documentation that non-surgical treatment options have been tried to warrant proceeding with surgery at this time. Therefore, the requested surgery is not medically necessary.