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| Case Number: | CM15-0021989 | | |
| Date Assigned: | 02/11/2015 | Date of Injury: | 03/28/1996 |
| Decision Date: | 03/31/2015 | UR Denial Date: | 01/29/2015 |
| Priority: | Standard | Application Received: | 02/05/2015 |

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 (IW) is a 67 year old female who sustained an industrial injury on 03/28/1996. She has reported recurrent pain of the right thumb carpometacarpal (CMC) joint. Diagnoses include right thumb carpometacarpal joint degenerative joint disease. Treatment to date includes medications and ultrasound guided CMC joint injection. The IW had a CMC joint interposition arthroplasty in 1998. A progress note from the treating provider dated 01/07/2015 indicates the IW has had CMC joint interposition arthroplasty in 1998, and right thumb x-rays show end-stage osteoarthritis of the right thumb CMC joint. Recommendation was made for surgical intervention if there was failure of conservative management. A right wrist ultrasound on 01/08/2015 displayed effusion and degenerative joint disease at the first CMC joint. A corticosteroid and lidocaine injection into the first CMC joint on 01/08/2015 resulted in immediate and significant pain relief(75% relief). Treatment plan includes medications for pain, and a surgical request. Radiographic report from 1/2/15 only states right thumb CMC arthrosis (end-stage) without greater detail. On 01/29/2015 Utilization Review non-certified a request for 1 right thumb surgery noting the x-rays findings were incomplete and the effectiveness of the recent steroid injection has not been assessed other than for the immediate response. There were no subsequent evaluations to assess the delayed effectiveness of that injection and there was no indication to reflect any other attempts at conservative care such as splinting or other hand focused therapy. The Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right thumb surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, & hand (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Cook, Geoffrey S. M.D.; Lalonde, Donald H. M.D., "MOC-PS(SM) CME Article: Management of Thumb Carpometacarpal Joint Arthritis", Plastic & Reconstructive Surgery: January 2008 - Volume 121 - Issue 1S - pp 1-9.

Decision rationale: The patient is a 67 year old female with right thumb pain who had previously undergone basilar joint interposition arthroplasty in 1998. She is noted to have signs and symptoms of possible significant right thumb CMC arthritis that may be amenable to surgical treatment. However, based on the reviewed medical documentation, there is not sufficient detail of the conservative management attempted with this patient. Even the requesting surgeon's documentation from 1/7/15 notes that if the patient fails conservative management, she would be a surgical candidate. As pointed out by the UR reviewer, there has not been a sufficient evaluation following the U/S steroid injection from 1/8/15. Splinting and specific medical management has not been documented. From ACOEM page 270, Referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature. Fail to respond to conservative management, including worksite modifications. Have clear clinical and special study evidence of a lesion that has been shown to benefit, As documented in the above article from Cook et al., Not all patients with arthritis of the thumb carpometacarpal joint will require surgery. There are some patients with visible deformities and marked radiographic changes who are symptom free and require no treatment. The first step in relieving a symptomatic patient is adequate patient education regarding the cause of the pain and behavior modification to minimize pain production. Nonsteroidal anti-inflammatory medication can be added should the pain persist. If this is not enough to alleviate the symptoms, a custom-made short opponens splint can be fabricated to stabilize the carpometacarpal joint while still allowing the interphalangeal and/or the metacarpophalangeal joint to move. Finally, should splinting and nonsteroidal anti-inflammatory drugs prove ineffective in eliminating the pain, a steroid can be injected into the carpometacarpal joint." As stated above, the patient has not been noted to have failed reasonable conservative management, including bracing and specific medical management. In addition, there had not been a follow-up exam to adequately assess the results of the steroid injection. Thus, surgical treatment should not be considered medically necessary for this patient at this time.