

Case Number:	CM15-0022931		
Date Assigned:	02/12/2015	Date of Injury:	02/16/2010
Decision Date:	04/06/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/06/2015

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, 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 61-year-old female who reported an injury on 02/16/2010. The mechanism of injury was not specifically stated. The current diagnoses include left thumb CMC arthrosis, left carpal tunnel syndrome, right long finger flexor tenosynovitis, status post bilateral trigger thumb releases, status post right thumb CMC arthroplasty, and status post right lateral epicondylar repair. The injured worker presented on 11/05/2014 for a follow-up evaluation with complaints of persistent pain and numbness in the left thumb and hand. Upon examination, there was slight swelling and moderate tenderness at the left thumb CMC joint, positive CMC grind test, positive Tinel's and Phalen's sign, diminished median nerve sensation, and minimal tenderness of the A1 pulley on the right. Recommendations at that time included a left carpal tunnel release and a thumb CMC arthroplasty. A Request for Authorization form was then submitted on 01/15/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left thumb carpometacarpal arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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 & Hand Chapter, Arthroplasty, finger and/or thumb (joint replacement).

Decision rationale: The Official Disability Guidelines state indications for a joint replacement of the finger or thumb includes symptomatic arthritis of the proximal interphalangeal joint with preservation of the collateral ligaments, sufficient bone support, and intact or at least reconstructible extensor tendons. In this case, there was a lack of imaging studies or radiographic films supporting the diagnosis of left CMC arthrosis. There is no documentation of a significant functional limitation. Given the above, the request is not medically appropriate.

Left wrist carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Carpel Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of serious nature, failed to respond to conservative management including work site modification, and who have clear clinical and special study evidence of a lesion. In this case, there were no electrodiagnostic studies provided for this review. Therefore, the medical necessity for a left wrist carpal tunnel release has not been established. As such, the request is not medically appropriate at this time.