

Case Number:	CM15-0210867		
Date Assigned:	11/02/2015	Date of Injury:	04/18/2014
Decision Date:	12/15/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/27/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic 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:

This injured worker is a 57-year-old female who sustained an industrial injury on 4/18/14. Injury occurred relative to a slip and fall and repetitive work duties as a pizza chef. She had been diagnosed with bilateral thumb carpometacarpal (CMC) joint osteoarthritis and was status post bilateral thumb CMC joint injections on 2/13/15 and 4/30/15. The 7/2/15 left wrist MRI impression documented tenosynovitis of the flexor carpi radialis, with findings consistent with a small ganglion cyst. There was a 3 mm probable ganglion cyst along the volar aspect of the wrist, between the flexor tendons and scaphoid. There was a slight irregularity to the peripheral contour of the triangular fibrocartilage complex (TFCC) that suggested probable mild component of fraying. There was mild chronic extensor carpi ulnaris tendinosis, just distal to the ulnar styloid. The 7/10/15 bilateral upper extremity electrodiagnostic study indicated mild slowing of the ulnar nerve consistent with cubital tunnel syndrome for the right elbow. There was no evidence of cervical radiculopathy or carpal tunnel syndrome. The 9/15/15 treating physician report cited continued pain and difficulties with her hands. Injections were wearing off, she had about 100% relief until a week ago, with continued 50% improvement. Left upper extremity exam documented crepitation at the intersection of the first and second extensor compartment in the left distal forearm. There were positive Tinel's, Phalen's, and Durkan's tests at the left wrist. There were positive Tinel's and flexion tests at the left elbow. There was tenderness to palpation at the thumb CMC joint, at the left first dorsal extensor compartment, and at the intersection of the first and second extensor compartments in the distal forearm. There was a positive Finkelstein's test and positive thumb CMC grinding maneuver. Light touch was diminished at the

thumb and index finger. The treatment plan recommended EMG/nerve conduction study of the bilateral upper extremities to plan for likely surgery. Authorization was requested for left wrist de Quervain's release, left median nerve decompression at the wrist, and left thumb carpometacarpal resection arthroplasty with pinning with axillary block, and associated surgical services including pre-operative chest x-ray and EKG. The 10/1/15 utilization review non-certified the request for left wrist de Quervain's release, left median nerve decompression at the wrist, and left thumb carpometacarpal resection arthroplasty with pinning with axillary block, and associated surgical services including pre-operative chest x-ray and EKG as guideline criteria had not been met to establish the medical necessity of surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left wrist de Quervain's release, left median nerve decompression at the wrist, and left thumb carpometacarpal resection arthroplasty with pinning with axillary block: Upheld

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

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand: Arthroplasty, finger and/or thumb (joint replacement).

Decision rationale: The California MTUS guidelines state that surgical consideration may be indicated for patients who fail to respond to conservative management, and have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. MTUS guidelines state that the majority of patients with deQuervain's syndrome will have resolution of symptoms with conservative treatment. Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option. Guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Criteria include failure to respond to conservative management, including worksite modification. MTUS guidelines do not provided recommendations for thumb arthroplasty. The Official Disability Guidelines state that total joint arthroplasty of the thumb CMC joint has proven to be efficacious for the treatment of stage III and early stage IV osteoarthritis of the CMC joint in older patients with low activity demands. Guideline criteria have not been met. This injured worker presents with persistent pain and difficulties with her hands. She had a positive response to bilateral thumb CMC joint injections with residual 50% improvement. Clinical exam findings were consistent with a diagnosis of thumb CMC joint osteoarthritis. She had positive carpal tunnel and deQuervain's provocative tests. However, there were no imaging reports relative to the left thumb provided in the medical records to evidence the severity of osteoarthritis. There was no electrodiagnostic evidence or evidence of a positive diagnostic injection test to support the diagnosis of carpal tunnel syndrome. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

Associated surgical service: Chest X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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 ACR Appropriateness Criteria routine admission and preoperative chest radiography. Reston (VA): American College of Radiology (ACR); 2011. 6 p.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Pre-op EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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 Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116 (3): 522-38.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.