MAXIMUS Federal Services

Case Number:	CM15-0031367		
Date Assigned:	02/24/2015	Date of Injury:	10/04/2006
Decision Date:	04/07/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/19/2015

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, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43-year-old male who reported an injury on 10/04/2006. The mechanism of injury was not provided. The diagnoses included osteoarthritis of the hand, CMC/MP joint, and joint sprain or strain. Other therapies included a thumb Spica splint and medications. The documentation of 01/26/2015 revealed the injured worker had not received benefit from a thumb Spica splint. The objective findings revealed symptoms and deformity that were localized to the right thumb base. There was significant prominence of the base of the metacarpal with subluxation of the metacarpal and palpable osteophyte. There was tenderness to palpation in this area. There was a markedly positive grind, and crepitus with any thumb based motion, with associated pain. Abduction was limited to 30 degrees and opposition/adduction was limited to within 2 cm of the 5th metacarpal head. Discomfort and changing contour of the thenar eminence were consistent with arthritis. The x-ray of the right hand revealed advanced osteoarthritis of the right thumb, trapeziometacarpal joint and minor involvement of the STT joint. The documentation indicated there could be a trial for a corticosteroid injection. The injured worker declined a rigid splint and the injection. The request was made for a ligament reconstruction tendon interposition arthroplasty of the right dominant thumb trapeziometacarpal joint and preoperative evaluation influence from the cardiologist and medical provider. The diagnosis included osteoarthritis, hand CMC/MP joint, and sprain/strain carpometacarpal joint. There was a Request for Authorization submitted for review dated 01/29/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative hand therapy, three times a week for three weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California Postsurgical Treatment Guidelines indicate that the postsurgical treatment for arthroplasty is 24 visits, and the initial care is half the recommended number of visits. The requested dates of service were not provided. There was a lack of documentation indicating if this was the initial therapy being requested or secondary therapy. If this was the initial requested therapy, this request would be supported. Without clarification, the request for post-operative hand therapy, three times a week for three weeks is not medically necessary.