

<b>Case Number:</b>	CM15-0037700		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	01/28/2015
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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:

The injured worker is a 58-year-old female with a date of injury of 1/28/15. Records documented a long-standing history of progressive hand pain and symptoms relative to repetitive work duties as a CT scan technician, lifting patients on and off gurneys, and moving them to different beds. Conservative treatment has included oral medications, bracing, and carpometacarpal (CMC) joint injection. The 9/25/14 treating physician report cited a 5-year history of bilateral hand pain and numbness. The diagnoses included carpal tunnel syndrome and cervical radiculopathy. Hand pain and numbness was improved with rest and cervical epidural steroid injection, and worse with lifting, pushing, pulling, twisting and opening jars. Physical exam documented very positive Tinel's and Phalen's tests. There was radiographic evidence of Eaton grade II/III osteoarthritis of both trapeziometacarpal joints with very positive grind test. The treatment plan included splints and CMC joint injection. The 2/12/15 treating physician report cited bilateral hand pain with numbness, better with rest and worse with motion. Physical exam documented positive thumb CMC grind and tenderness. Right wrist exam documented positive Tinel's with no thenar atrophy or weakness. There was electrodiagnostic evidence of mild bilateral carpal tunnel syndrome. There were degenerative changes of the CMC joint. Authorization was requested for right thumb CMC joint arthroplasty and right carpal tunnel release. The 2/24/15 utilization review non-certified the request for right thumb carpometacarpal joint arthroplasty as there was no documentation of greater than moderate osteoarthritis and inadequate time since date of injury to have exhausted conservative treatment. The request for carpal tunnel release was non-certified as findings were mild and there was inadequate time since date of injury to have exhausted

conservative treatment. The 4/2/15 patient appeal letter stated that this claim was filed on the advice of her doctor due to the pain she was suffering. She reported that she had received injections and had worn splints to help control the pain, but they no longer helped. Her job description required a lot of lifting and surgery was the only option according to her doctor to provide relief and enable her to return to work.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Right thumb CMC joint arthroplasty: 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 Official Disability Guidelines (ODG) Forearm, Wrist & Hand: Arthroplasty, finger and/or thumb (joint replacement).

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines do not provide 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 patient presents with grade II/III bilateral CMC joint osteoarthritis. She is employed as a CT scan technician with job requirements of repetitive lifting which would not be considered low activity demands. In addition, there was an overall limited amount of time allowing for adequate trial and failure of conservative treatment. In addition, the need for repetitive lifting in this active middle-aged patient is not consistent with guideline criteria for arthroplasty. Therefore, this request is not medically necessary.

#### **Right carpal tunnel release: Overturned**

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

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

**Decision rationale:** The California MTUS 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. Guideline criteria have been met. This patient presents with signs/symptoms and clinical exam findings consistent with electrodiagnostic evidence of carpal tunnel syndrome. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.