

Case Number:	CM15-0042338		
Date Assigned:	03/12/2015	Date of Injury:	10/22/2007
Decision Date:	04/16/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	03/06/2015

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: 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 54-year-old female who sustained an industrial injury on 10/22/07, relative to a fall. She underwent right carpal tunnel release with flexor tendon tenosynovectomy, median nerve neurolysis, and first dorsal compartment tenovagotomy on 5/30/14. Records indicated there was no significant improvement in numbness and tingling or pain following surgery. The 1/7/15 treating physician report cited some frequent sharp shooting pain along the dorsum of the right hand to the base of the right thumb, unchanged from the last visit. Additional complaints included neck, bilateral shoulder, left wrist and thumb, and bilateral knee pain. The patient was ready to proceed with right thumb surgery. Right wrist/hand exam documented mild surgical scar tenderness, positive Finkelstein's, mildly positive Tinel's and Phalen's tests, and normal finger range of motion and ability to make a fist. There was moderate plus tenderness over the trapezium/first metacarpal joint which reproduced the typical pain with slight evidence of radial subluxation of the first metacarpal base. The compression test of the trapezium/1st metacarpal was moderately positive. Strength was near grade 5 or grade 5 throughout. The diagnosis included primary and post-traumatic arthritis of the trapezium/1st metacarpal joint. Conservative treatment has included home exercise and wrist bracing. The treatment plan indicated that the next step for the right hand would be right trapezium resection with palmaris longus interposition arthroplasty. The 1/30/15 utilization review non-certified the request for right trapezium resection with palmaris longus interposition arthroplasty, and associated post-op physical therapy, as there was no imaging submitted for review and no details of conservative treatment exhaustion and failure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Trapezium Resection with Palmaris Longus Interposition Arthroplasty: 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 (ODG) Treatment in Workers Compensation, Online Edition Chapter Forearm, Wrist & Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand: Arthroplasty, finger and/or thumb (joint replacement).

Decision rationale: The California MTUS guidelines do not provide recommendations for this surgery. In general, 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. The Official Disability Guidelines state that total joint arthroplasty of the thumb carpometacarpal (CMC) joint has proven to be efficacious with improved motion, strength, and pain relief 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 persistent frequent pain over the right trapezium/1st metacarpal joint with moderately positive compression test. She was diagnosed with primary and post-traumatic arthritis of the right thumb trapezium/1st metacarpal joint. There is no imaging documented in the provided records and no copy of the 5/30/14 operative report to evidence stage III or IV osteoarthritis. There is no specific documentation of current functional ability and activity demands relative to the right hand. 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.

Post-op Physical Therapy 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19.

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

