

Case Number:	CM15-0050479		
Date Assigned:	03/24/2015	Date of Injury:	04/12/2013
Decision Date:	05/07/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/17/2015

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 46-year-old male who sustained an industrial injury on 4/12/13. He reported a contusion of his left hand closing a door at work. He underwent left thumb ulnar collateral ligament reconstruction surgery on 8/16/13. Records indicated that the injured worker was subsequently diagnosed with complex regional pain syndrome (CRPS). The 6/19/14 MRI impression documented scarring of the left thumb metocarpophalangeal ulnar collateral ligament compatible with previous history of sprain. The ligament was intact and no acute pathology was identified. The 2/24/15 treating physician report cited persistent left thumb pain, swelling, and numbness. The injured worker had been diagnosed with CRPS and got some relief with nerve blocks. He was hesitant to use his thumb as any pressure against it was painful. Imaging on showed the suture anchor in place in the left thumb and the joint was reduced. Physical exam documented left thumb swelling, some radial wrist swelling, and slight finger swelling. He could make a fist, although the index finger felt stiff. The thumb had a slight extension lag at the interphalangeal joint and he can flex the interphalangeal. At the metocarpophalangeal (MP), he was very stiff and any passive motion was very painful. The carpometacarpal was relatively asymptomatic. There was decreased sensation over the dorsum of the thumb. He had positive Tinel's dorsally over the incision with paresthesias to the dorsum of the thumb. The injured worker had reached a plateau with non-operative management. Since his thumb was not very useful at this time given the persistent pain in the MP joint, he would benefit from an MP joint fusion. This would give him a more stable thumb without MP joint pain and allow him to be more functional. At the same time, the dorsal radial sensory nerve could be explored and a

neurolysis performed to potentially improve his CRPS symptoms. The 3/6/15 utilization review non-certified the request for left thumb MP fusion with neurolysis of radial sensory nerve as the injured worker was not diagnosed with osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left thumb MP fusion with neurolysis of radial sensory nerve: 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: Arthrodesis; Pain: CRPS, treatment.

Decision rationale: The California MTUS guidelines do not provide recommendations for these procedures. The Official Disability Guidelines recommend arthrodesis for severe posttraumatic arthritis of the thumb after 6 months of conservative treatment. Arthrodesis (fusion) provides a pain-free stable joint with a sacrifice of motion. It may be indicated in young patients in whom heavy loading is likely; in joints with a fixed, painful deformity, instability, or loss of motor; and in the salvage of failed implant arthroplasty. Arthrodesis of the metacarpophalangeal joint of the thumb gives reliable results, with high patient acceptance, but does not result in an entirely normal thumb or hand function. The Official Disability Guidelines state there is currently no intervention for CRPS that can be considered to be supported by strong evidence of efficacy. The use of neurolysis is not recommended. Guideline criteria have not been met. This patient has been diagnosed with complex regional pain syndrome status post left thumb ulnar collateral ligament reconstruction. There is no imaging evidence in the provided records that support a diagnosis of posttraumatic arthritis of the thumb. There is no compelling reason to support the medical necessity of neurolysis of the radial sensory nerve for treatment of CRPS in the absence of guideline support. Therefore, this request is not medically necessary.