

Case Number:	CM15-0053378		
Date Assigned:	03/26/2015	Date of Injury:	05/24/2007
Decision Date:	05/06/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/20/2015

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: Minnesota, Florida
 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 62 year old female sustained an industrial injury to the neck and right upper extremity on 5/24/07. Previous treatment included magnetic resonance imaging, cervical spine discectomy and fusion, physical therapy, epidural steroid injections, right carpometacarpal arthroplasty and right index finger distal interphalangeal joint fusion (7/10/14), occupational therapy, spica cast, bracing and medications. In a PR-2 dated 2/24/15, the injured worker complained of continuing right thumb pain rated 8/10 on the visual analog scale with activities. Current diagnoses included right thumb carpometacarpal arthroplasty with some subsidence of the first metacarpal that was symptomatic. The treatment plan included right thumb CMC arthroplasty revision with possible use of palmaris tendon with associated surgical services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right thumb CMC arthroplasty revision with possible use of palmaris tendon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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: Section: Hand, Topic: Trapeziectomy.

Decision rationale: The MRI scan of the right thumb dated 2/3/2015 revealed postoperative changes of the first carpometacarpal joint including resection of the first metacarpal base. There is significant susceptibility artifact in the region of the first carpometacarpal joint and the trapezium is not visualized possibly due to resection or due to surrounding artifact. A small fluid collection is present at the base of the first metacarpal and there is a mild marrow edema in the proximal first metacarpal. On 2/24/2014 the progress notes document continued pain in the right thumb CMC arthroplasty. On examination mild soft tissue swelling was noted at the base of the thumb with the dorsal aspect of the anchovy being palpated. She had somewhat of an abducted position of her thumb and slight hyperextension of the MCP joint of approximately 20 degrees. The impression was right thumb CMC arthroplasty with some subsidence of the first metacarpal that is symptomatic. Revision surgery was discussed. California MTUS guidelines indicate surgical considerations depend on the confirmed diagnosis of resented in hand or wrist complaints. Surgery is indicated when there is failure to respond to conservative management including work modifications, and 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 injured worker has some subsidence of the carpal metacarpal joint arthroplasty of the thumb on the MRI scan. There is no clear indication of a lesion that is likely to benefit in both the short and long-term problem revision surgery. Official Disability Guidelines indicate trapeziectomy is recommended for CMC arthritis. It is safer and has fewer complications than the other procedures. Simple trapeziectomy with hematoma and distraction arthroplasty is as effective as more complicated procedures. The development of robust scar in the trapezial void cushions the thumb metacarpal against the scaphoid and trapezoid. In this case the injured worker underwent trapeziectomy with insertion of an anchovy graft. The documentation indicates that there is some subsidence but she is able to carry on activities of daily living. There is no clear indication for revision surgery. As such, the request for right thumb CMC arthroplasty revision with possible use of palmaris longus tendon is not supported by guidelines and the medical necessity of the request has not been substantiated.

Associated surgical service: Pre-Operative clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.