

<b>Case Number:</b>	CM15-0055901		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	05/03/2014
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports Medicine

### 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 56 year old female, who sustained an industrial injury on 05/03/2014. She has severe pain at the base of her thumb reproduced on examination by manipulation of the base of the thumb, which causes palpable grinding of the arthritic joint. The principle diagnosis is trapezium-metacarpal osteoarthritis and she has been treated with light work, multiple splints, 3 different anti-inflammatory pain medications and injections. The request is for surgical treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right thumb carpometacarpal (CMC) joint tendon interposition arthroplasty:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Joint replacement of finger or thumb.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 327. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed, pages 407-426.

**Decision rationale:** I recommend reversing the decision of the utilization review her in this case; it appears I have greater information available for review. The ACOEM guidelines incorporated into the CA MTUS are primary care occupational guidelines for initial treatment of injured workers and would support surgical consultation in a case such as this with long-standing symptoms despite appropriate non-surgical treatment. The specific treatment requested is beyond the scope of the CA MTUS. The text referenced is a widely respected specialty hand surgery text now and its sixth edition, which devotes an entire chapter to this common area of painful arthrosis. The surgery proposed is a standard surgical approach. In this case with examination and x-ray findings consistent with the diagnosis and persistent pain despite appropriate treatment with activity modification, multiple splints, multiple anti-inflammatory medications and injections, the injured worker is an appropriate candidate for surgical intervention which the records indicate she would like to proceed with. Therefore, the request is deemed medically necessary and appropriate.