

Case Number:	CM14-0120631		
Date Assigned:	08/06/2014	Date of Injury:	02/19/1993
Decision Date:	09/10/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/30/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 53-year-old female who was injured on February 13, 1993. Records for review indicate injuries to the bilateral upper extremities. A recent progress report of May 7, 2014 indicates the claimant is status post a tenosynovectomy to the flexor tendons of the small digit on January 24, 2014 with continued complaints of pain. It states the claimant is with continued complaints of pain to the left thumb at the CMC (carpometacarpal) joint which was stated to be improved following a corticosteroid and lidocaine injection. Physical examination showed laxity and swelling at the CMC joint. Based on failed conservative care and previous response to three injectables, operative intervention was recommended in the form of a synovectomy and capsulotomy to the left thumb CMC joint. There is no documentation of formal imaging or indication of previous treatment otherwise noted in this individual.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synovectomy and capsulotomy left thumb CMC: Upheld

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: Based on California ACOEM Guidelines in regards to surgical indications for the wrist, forearm and hand, the role of surgical process would not be indicated. Guidelines indicate need for surgery if there is evidence of clinical and study evidence of a lesion which has been shown to benefit in both the short and long term from surgical process. In this case, while the claimant is noted to be with underlying degenerative arthrosis to the CMC joint, the role of an open synovectomy and capsulotomy would not be consistent with current standards of care. The role of the above surgical process given the claimant's current clinical presentation would not be supported. Therefore, the request is not medically necessary.