

Case Number:	CM14-0140397		
Date Assigned:	09/10/2014	Date of Injury:	05/12/2013
Decision Date:	10/10/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/29/2014

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 Spine Surgery and is licensed to practice in New York. 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 patient developed severe left forearm left wrist and left hand and thumb pain. Physical examination shows decreased extension motion of the thumb. There is persistent pain in thumb. The Patient had a previous right thumb arthroplasty and had been doing well for the past 2 years. Physical examination shows limited extension of the EIP and EPL tendons. The patient had previous EIP and EPL tendon transfer surgery. At issue is whether tendon shortening and postoperative physical therapy are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT THUMB CMC JOINT ARTHROPLASTY WITH FLEXOR CARPI RADIALIS TENDON TRANSFER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines ODG hand chapter

Decision rationale: In this case the patient was injured in May 2013 and had previous CMC arthroplasty. The patient continues to have pain in the CMC joint. However, imaging studies

and physical examination does not document failure of the CMC joint previous arthroplasty. Imaging studies do not document failure of previous arthroplasty. More information is required and the medical records to support the need for revision CMC arthroplasty with FCR tendon transfer. The medical necessity of revision CMC arthroplasty with FCR tendon transfer has not been established. There is no clear discussion of the rationale and explanation regarding the requested surgery the medical record.

EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS hand chapter, ODG hand chapter

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

POST OP OCCUPATIONAL THERAPY; TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS hand chapter, ODG hand chapter

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

PREOP LABS (UNSPECIFIED): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS hand chapter, ODG hand chapter

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.