

Case Number:	CM14-0209011		
Date Assigned:	12/22/2014	Date of Injury:	03/04/2013
Decision Date:	02/28/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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

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 is a 55-year-old female claimant with an industrial injury dated 03/04/13. The patient is status post a right thumb tenosynovectomy as of 04/14/14. Exam note 11/19/14 states the patient returns with hand pain. The patient explains the pain is generally over the right thumb MP joint. Upon physical exam the patient demonstrated instability with the ulnar deviation stress testing. Conservative treatments include medication, physical therapy, splints, and activity modification all in which have resulted in little benefit. Current medications include Relafen, Prilosec, Lunesta, Tramadol, Cyclobenzaprine, and compound cream. Diagnosis is noted as sprain of the hand. Treatment includes a right thumb metacarpophalangeal joint fusion and occupational therapy for the right thumb.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Thumb Metacarpophalangeal Joint Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Workers Compensation TWC Online Edition, Chapter Forearm, Wrist and Hand

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: According to the ACOEM Practice Guidelines, a referral for hand surgery consultation may be indicated for patients who: - Have red flags of a serious nature; - Fail to respond to conservative management, including worksite modifications; - Have 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. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits and, especially, expectations are very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. In this case, the exam note from 11/19/14 does not demonstrate any evidence of failed nonsurgical management to warrant surgical intervention. Therefore, the request is not medically necessary.