

Case Number:	CM15-0003713		
Date Assigned:	01/14/2015	Date of Injury:	03/13/2001
Decision Date:	03/19/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/08/2015

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

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 60 year old male, who sustained an industrial injury on 03/13/2001. He complains of ongoing pain in the left thumb. His diagnosis is post right thumb carpometacarpal joint fusion and hardware removal and left thumb basilar joint arthritis. Treatments to date have included bilateral carpal tunnel release, right thumb joint fusion and injection of bilateral thumbs. Currently, in the provider report of 11/04/2014 the IW complains of increasing pain and difficulty using his left thumb. The IW has been using a brace which has been helpful. Previous injections have not resulted in lasting relief of symptoms. The IW would like to have surgery on his left thumb since the right thumb surgery was successful. On 12/29/2014 Utilization Review non-certified a request for Left thumb LRTI forearm/hand tendon transfer/graft, left thumb MP joint fusion, noting there was insufficient information such as MRI's and radiologist reports to support the surgical request as medically necessary. The MTUS, ACOEM Chapter 11 Guidelines were cited. Utilization Review also non-certified a request for associated surgical service of post-op occupational therapy, 2 times a week for 4 weeks , associated surgical service of post-op custom splinting and associated surgical service of Norco 10/325mg quantity 45 with 1 refill noting that the associated surgery was non-certified making the associated services unnecessary. On 01/08/2015, the injured worker submitted an application for IMR for review of the denied items.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left thumb LRTI forearm/hand tendon transfer/graft, left thumb MP joint fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11, Forearm, Wrist and Hand Complaints, page 270, 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 is 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 11/4/14 does not demonstrate any evidence of red flag condition or clear lesion shown to benefit from surgical intervention. Therefore the determination is for non-certification.

Associated surgical service: post-op occupational therapy, 2 times a week for 4 weeks: 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.

Associated surgical service: post-op custom splinting: 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.

Associated surgical service: Norco 10/325mg quantity 45 with 1 refill: 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.