

Case Number:	CM15-0115768		
Date Assigned:	06/23/2015	Date of Injury:	07/29/2013
Decision Date:	09/24/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/15/2015

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, Indiana, Oregon
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 63-year-old female who sustained an industrial injury on July 29, 2013. She has reported diffuse bilateral upper extremity pain and has been diagnosed with bilateral upper extremity overuse, bilateral carpal tunnel syndrome, and bilateral trapeziometacarpal arthritis. Treatment has included surgery, injection, medications, and physical therapy. Right wrist and left wrist showed a painful Phalen's sign. Thumbs and fingers were diminished to light touch. The treatment request included surgery, AX block vs. general, pre-operative medical clearance, history and physical, post-operative occupational therapy, and a post-operative OP custom splint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left trapeziectomy carpometacarpal joint-suture suspension arthroplasty with Mytek Gil suture anchor; fluoroscope: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Chapter, Arthroplasty, Finger and/or thumb (Joint Replacement).

Decision rationale: The CA MTUS/ACOEM is silent on the issue of thumb arthroplasty. According to the ODG, Forearm, Wrist and Hand, Arthroplasty, Finger and/or thumb (Joint Replacement), Treatment of stage III and early stage IV osteoarthritis of the CMC joint in older patients with low activity demands. Indications for joint replacement of the finger or thumb include: Symptomatic arthritis of the proximal interphalangeal joint with preservation of the collateral ligaments. In addition sufficient bone support and intact or at least reconstruct double extensor tendons are recommended. Contraindications include lack of stability such as that with rheumatoid arthritis with destruction of the ligaments, spine accident were not un-reconstructable extensor tendons. Other contraindications include chronic infection and lack of patient compliance. In this case there is only moderate arthritis and good response to non-surgical therapies. Therefore, the request is not medically necessary.

AX block vs. general: 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.

Preoperative medical clearance: 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.

History and physical: 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.

Postoperative occupational therapy 12 sessions (2x6): 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.

Post-operative custom splint: 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.