

Case Number:	CM15-0119198		
Date Assigned:	07/02/2015	Date of Injury:	08/13/2013
Decision Date:	09/11/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/20/2015

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 48 year old female, who sustained an industrial injury on 8/13/2013. She reported repetitive motion injury to the right wrist and right wrist fracture. Diagnoses include status post healed right distal radius fracture, status post hardware removal, status post burring of dorsal metacarpal boss with persistent right wrist pain with previous fluid in the radial carpal joint and nonunion of the right wrist ulnar styloid fracture. Treatments to date include splinting, physical therapy, acupuncture treatment, anti-inflammatory, and steroid injections. Currently, she complained of ongoing right wrist pain with constant numbness and tingling. On 6/3/15, the physical examination documented grinding of the right thumb with pain on palpation of the right thumb and ulnar side of the ulnar styloid fracture. The plan of care included right carpal tunnel release with tenosynovectomy, excision of right ulnar styloid nonunion; right trapezelectomy, right thumb CNC arthroplasty with interposition FCR tendon graft; complex closure; preoperative medical clearance, and post-operative physical therapy twice a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right carpal tunnel release with tenosynovectomy with complex closure: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) carpal tunnel.

Decision rationale: CA MTUS/ACOEM do not specifically address neurolysis. According to ODG, Carpal Tunnel syndrome, Carpal Tunnel Release Surgery, Adjunctive procedures: The 2008 AAOS CTS clinical treatment guidelines concluded that surgeons not routinely use the following procedures when performing carpal tunnel release: Skin nerve preservation; & Epineurotomy. The following procedures had no recommendation for or against their use: Flexor retinaculum lengthening; internal neurolysis; Tenosynovectomy; & Ulnar bursa preservation. Therefore, neurolysis and tenosynovectomy is not recommended and the combined request by the treating physician is not medically necessary.

Excision of right ulnar styloid nonunion: 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: CA MTUS/ACOEM Chapter 11, Forearm, Wrist and Hand Complaints, page 270 recommends referral for hand surgery for patients with red flags, failure to respond to conservative management and 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. In this case there is no clear anticipated benefit from excision of the fragment. There has been no diagnostic injection in the area to prove necessity of excision.

Right trapezectomy, right thumb CMC arthroplasty with interposition FCR tendon graft: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, wrist and hand.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) wrist.

Decision rationale: 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 the exam notes demonstrate the guideline criteria have not been met. There is no imaging findings submitted showing advanced arthritis at the CMC joint, and there is no evidence of splinting and/or injection being tried and failed. Therefore the request for thumb interpositional arthroplasty is not medically necessary and appropriate.

Pre-op 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.

Post-op physical therapy x 12 for the right wrist/hand: 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.