

<b>Case Number:</b>	CM15-0129276		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	02/25/2011
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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 56 year old male who sustained a work related injury February 25, 2011. While lifting a large concrete trash can, it landed on his left hand, pulling back his left thumb. According to a comprehensive orthopedic follow-up, dated April 22, 2015, the injured worker presented with pain in the posterior and radial aspect of the left wrist and thumb. The pain is described as intermittent, aching, and sharp with associated stiffness, swelling and decreased range of motion. Examination of the left wrist reveals moderate tenderness over the radial and ulna styloid. There is mild swelling and stiffness over the wrist joint. The Piano key and Watson tests are positive. The Finkelstein's and Tinel's tests are negative. Measurement of the left wrist joints revealed; flexion 50 degrees, extension 50 degrees, radial deviation 15 degrees, and ulna deviation 20 degrees. Diagnoses are tenosynovitis of hand and wrist; thumb pain; injury of ulnar collateral ligament of wrist; degenerative TFCC (triangular fibrocartilage complex) tear. Treatment plan included to apply heat to the affected area and take Motrin as needed for pain, and at issue, is the request for authorization for arthrotomy of the left thumb MP (metacarpophalangeal joint) joint with ligament repair and neurolysis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthrotomy of the left thumb MP joint with ligament repair and neurolysis: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: 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) hand.

**Decision rationale:** CA MTUS/ACOEM is silent on surgery for thumb MCP ulnar collateral ligament reconstruction. ODG hand is referenced. The surgery is recommended for displaced fracture at least 3mm or the presence of a Stenner lesion (retraction of the ligament proximal to the adductor aponeurosis). It is recommended after 1 month of non-surgical care. In this case, there is no imaging evidence of either surgical lesion. Based on this the request is not medically necessary.