

Case Number:	CM15-0174344		
Date Assigned:	09/16/2015	Date of Injury:	11/27/2011
Decision Date:	10/22/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/04/2015

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, Hand Surgery, Sports Medicine

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 46-year-old male with an industrial injury dated 11-27-2011. A review of the medical records indicates that the injured worker is undergoing treatment for carpal tunnel syndrome, lateral epicondylitis of elbow, and other postsurgical status other. Treatment consisted of MRI of the left wrist on 07-11-2014, Electromyography (EMG) and Nerve conduction velocity (NCV) on 10-06-2014, prescribed medications, and periodic follow up visits. In an operative report dated 09-14-2012, the injured worker underwent an extensor tenolysis for the left index, middle, ring and small finger extensor tendons; left index finger extensor tendon shortening and an application of left short arm splint. The electrodiagnostic study dated 10-06-2014 revealed severe bilateral, right greater than left, carpal tunnel syndrome affecting sensory and motor components. Magnetic Resonance Imaging (MRI) of the left wrist on 07-11-2014 revealed neutral ulnar variance with ulnotriquetral impaction, subtle tear in the triangular fibro cartilage complex, minimal fluid in the pisotriquetral and ulnotriquetral joint spaces, and small subchondral cyst in the lunate and scaphoid. In a progress report dated 05-15-2015, the injured worker reported pain in bilateral wrist. Left wrist exam revealed pain free scars where carpal tunnel release was performed and decrease left wrist range of motion. According to the progress note dated 07-17-2015, the injured worker reported wrist, thumb and elbow pain. Objective findings revealed restricted range of motion and positive Tinel's and Phalen's sign. The treating physician prescribed services for left thumb carpometacarpal fusion with anchor, now under review. Utilization Review determination on 08-05-2015, denied the request for left thumb carpometacarpal fusion with anchor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left thumb carpometacarpal fusion with anchor: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand chapter.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The hand written request for authorization dated July 17, 2015 is poorly legible and has been misinterpreted. The handwritten progress note of the same date recommends, "EMG NCS Studies. P.T. Surg. Thumb Hand Consult". The request for authorization reads, "EMG NCS" Bil U.E Surg Thumb Carpo metacarpal Fusion or Anchovy Procedure Consult Hand Surgeon". Records provided document diffuse ongoing symptoms attributed to a 2011 work accident and following multiple failed surgeries including at least 3 left hand/wrist surgeries. A May 15, 2015 initial evaluation by the requesting physician recommends psychological evaluation, elbow MRI and MRI of both wrists. There is no documentation provided to support the need for either thumb base fusion or "anchovy procedure" which is a reference to resection/interposition arthroplasty; both surgeries are treatment options for painful severe trapezium-first metacarpal osteoarthritis refractory to non-surgical treatment. Therefore, the request is not medically necessary.