

<b>Case Number:</b>	CM15-0073484		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	04/29/2013
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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 27-year-old male who sustained an industrial injury on April 29, 2013. He reported an injury to the right thumb. Prior treatment includes arthrodesis of the thumb interphalangeal joint, x-rays of the right thumb, and work modifications. Currently the injured worker complains of pain to the right thumb, hand, upper extremity, shoulder and neck. Diagnoses associated with the request are amputation of the right thumb, cervicgia, right shoulder pain and right thumb IP joint fusion. The treatment plan includes outpatient surgery for revision of the right thumb, removal of retained hardware, bone graft substitute and ultrasound-guided steroid injection into the right shoulder subacromial space.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Revision right thumb-retained hardware removal-bone graft-treatment as indicated:**

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, hand chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse: Forearm, wrist, & hand (acute & chronic), not including carpal tunnel syndrome. Bibliographic Source(s) Work Loss Data Institute. Forearm, wrist, & hand (acute & chronic), not including carpal tunnel syndrome. Encinitas (CA): Work Loss Data Institute; 2013 May 8, Various p.

**Decision rationale:** In this case, the injured worker has pain throughout the upper extremity including in the neck. A May 2013 right thumb injury was treated with several surgeries including fusion of the thumb interphalangeal joint with an intramedullary screw. X-rays demonstrate the fusion has healed and no hardware related complications are identified. The CA MTUS is silent on this request. The guideline referenced above considered and does not recommend hardware removal in this setting. Implant removal is considered when implants are a probable cause of symptoms, but in this case a majority of symptoms including those in the neck, around the shoulder and throughout the extremity above the wrist cannot be attributed to the implant in the thumb. In addition to implant removal, the request is for bone grafting. Bone grafting is performed in cases of nonunion, which is specifically noted not to be absent in this case on multiple x-rays. There is insufficient support for the request for hardware removal, which is unlikely to result in functional improvement and no support for the requested bone grafting, which are determined to be medically unnecessary.