

Case Number:	CM15-0090473		
Date Assigned:	05/14/2015	Date of Injury:	11/28/2013
Decision Date:	06/16/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/11/2015

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 56-year-old male, who sustained an industrial injury on November 28, 2013 while working as a maintenance mechanic. The injury occurred when a snake cable wrapped around his left thumb and hand. The diagnoses have included a crush injury to the left thumb and hand, tenosynovitis of the left thumb and hand, left thumb sprain/strain, degenerative thumb carpometacarpal joint, enthesopathy of the wrist, left radial neuritis, left De Quervain's disease, left median neuropathy carpal tunnel and left basal joint ligament/capsular tear. Treatment to date has included medications, radiological studies, electrodiagnostic studies, physical therapy, injections and stretch exercises. Current documentation dated April 8, 2015 notes that the injured worker reported constant left thumb and hand pain. The pain was rated a nine out of ten on the visual analogue scale with use. Associated symptoms include decreased grip strength, decreased dexterity and weakness. The pain was characterized as aching, burning and throbbing. Examination of the left thumb revealed decreased range of motion and a positive thumb carpometacarpal joint shuck test and carpometacarpal joint axial loading test. Due to the injured workers symptoms the treating physician recommended arthrodesis. The treating physician's plan of care included a request for a PA assistant.

IMR ISSUES, DECISIONS AND RATIONALES

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

PA assistant: 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), low back chapter.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of a surgical assistant. ODG low back is referenced. More complex cases based off CPT code are felt to warrant the use of a surgical assistant. The requested procedure is arthrodesis left thumb CMC joint. Given the level of complexity of the surgery, it is not medically necessary to have an assistant.