

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/26/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/30/2013
Date of Injury:	10/29/2009
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0009764

- 1) MAXIMUS Federal Services, Inc. has determined the request for **right first metacarpal arthrodesis, internal medicine surgical clearance is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 7/30/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/17/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **right first metacarpal arthrodesis, internal medicine surgical clearance** is not **medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

This is a 48-year-old with a date of injury of 10/28/09. The patient was status post right rotator cuff repair 04/09/10, status post right carpal tunnel release 5/2010 and 09/03/10, left carpal tunnel release 2010 and status post right elbow surgery for lateral epicondylitis in 2008. On 08/22/12, Dr. [REDACTED] saw the claimant for right knee, bilateral shoulder and wrist complaints, neck and shoulder pain. Wrist and hand exam documented weakness of grasp with both hands greater on the right than the left. There was weakness of pinch strength bilateral, more left than right. The patient had weakness of abduction and adduction of the fingers. Positive Durkan's and Tinel's were noted bilaterally, greater on the right than the left. The patient had a positive Phalen on the right. There was a positive Finkelstein on the right. There was tenderness in the carpal tunnel region. There was tenderness in the right first dorsal compartment over the metacarpophalangeal region of the thumb and tenderness in the anatomic snuff box. There was a loss of sensation in both hands, more on the right. Right grip strength was 12/12/12 on the right and 18/22/22 on the left. Diagnosis was bilateral carpal tunnel syndrome with significant status post carpal tunnel release with significant residual symptoms, right greater than the left, remote possibility of De Quervain's tenosynovitis with significant tenderness in the dorsal compartment and positive Finkelstein. Dr. [REDACTED] recommended a referral to internal medicine, CT (computed tomography scan) of the shoulder, discontinue NSAIDS (non-steroidal anti-inflammatory drugs), repeat electromyography studies, lab work, x-rays of the right knee and left wrist. On 01/28/13, Dr. [REDACTED] saw the claimant in follow up for bilateral hand pain with radiation to the fingers and forearm and occasional with numbness and tingling. Symptoms were worse with gripping and grasping. Tinel's and Hoffman's were negative.

There was tenderness over the flexor muscles bilateral of the wrists and hands. Phalen's was mildly positive bilaterally. Finkelstein was negative bilaterally. She was able to make a complete fist. X-rays of both hands revealed mild degenerative changes involving the carpal and metacarpal joint at the thumbs bilaterally. Diagnosis was status post right shoulder arthroscopy including rotator cuff repair and bilateral wrists.

On 03/12/13 Dr. [REDACTED] (Dr. [REDACTED]'s associate), saw the claimant for increased right thumb pain and swelling. She could not lift or pinch with the right hand. Examination revealed positive Finkelstein, tenderness to palpation over the first dorsal compartment, decreased sensation of the thumb, index finger, long finger and ring finger. Diagnosis was right hand sprain strain, status post endoscopic carpal tunnel release rule out recurrent carpal tunnel syndrome and right elbow with cubital tunnel syndrome. MRI of the right hand, topical compounds, Flexeril and off work was recommended.

The 04/19/13 MRI of the right hand report showed degenerative osteoarthritis involving the base of the first metacarpal. There was mild low signal intensity spur like changes involving the medial base of the first metacarpal presumably from old trauma. There was no subluxation. First metacarpal and phalanges were intact. There was no tendinous or ligamentous disruption. There was a small ganglionic cyst nearly pisotriquetral joint and degeneration of the ulnar attachment of the triangular fibrocartilage. Partial tear not excluded.

On 04/29/13, Dr. [REDACTED] examined the claimant for right wrist pain. Dr. [REDACTED] reviewed the MRI from 04/19/13 for the right wrist. There was no exam for right wrist. Diagnosis was right shoulder sprain strain rule out tendonitis, right elbow cubital tunnel syndrome, status post endoscopic right carpal tunnel release with recurrent carpal tunnel syndrome. The plan was for right first metacarpal arthrodesis surgery, wrist brace.

On 05/22/13, Dr. [REDACTED] performed a qualified medical examination. Dr. [REDACTED] stated the MRI of the right wrist, dated 1/16/12, showed question of distention of the radiocarpal joint with suspicious synovitis and suggested an MR arthrogram be performed. A MRI of the right hand showed evidence of mild synovitis involving the metacarpocarpal articulation, the basilar joint and ganglion cyst at the pisotriquetral joint, degeneration of the ulnar attachment of the triangular fibrocartilage. Diagnosis was bilateral carpal tunnel syndrome, status post carpal tunnel release with significant residual symptomatology, right greater than left, remote possibility of De Quervain's tenosynovitis and ganglion on MRI. The 05/22/13 nerve conduction studies were normal with the exception of slight delay of the sensory latency of both right and left median nerve antidromic conduction at 3.60 ms with a normal high of 3.6 ms. The motor distal latency and the nerve conduction velocities were all normal in the median nerves as well as the other nerves. The H-reflexes and F waves were all normal. the electromyography was completely normal. SSEP of the upper extremities was normal.

On 07/24/13, Dr. [REDACTED] saw the claimant for a preop visit. The claimant was status post right hand endoscopic carpal tunnel release. There were no documented physical exam findings. The plan was for right first metacarpal arthrodesis. The 07/24/13 peer review denied the surgery due to no documented metacarpal phalangeal or carpometacarpal pathology, no imaging report documenting severe posttraumatic arthritis in the metacarpal. The claimant has been treated with physical therapy and medications.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for right first metacarpal arthrodesis, internal medicine surgical clearance:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11), page 270, which is part of the MTUS, and the ODG Forearm, Wrist, and Hand Chapter, Arthrodesis, and ACC/AHA 2007 Guidelines, which are not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, Arthrodesis, and Low Back Chapter, Preop Testing.

Rationale for the Decision:

A medical examination was performed on 05/22/13 by Dr. [REDACTED], which showed "mild synovitis involving the metacarpal articulation of the basilar joint with questionable ganglion cyst of the pisotriquetral joint. Upon review of this case, it is unclear in the records provided that any documentation of "severe post-traumatic arthritis is present at the first metacarpal region." Although there has been some degree of conservative treatment with physical therapy and medications, it appears that a diagnostic injection into the joint would be reasonable before proceeding with the proposed arthrodesis to ensure again that the pain is actually coming from an arthritic joint as opposed to the employee's multiple issues with carpal tunnel in the past. In light of the fact the surgery cannot be recommended, there would be no need for an Internal Medicine Surgical Clearance. **Therefore the request for right first metacarpal arthrodesis, internal medicine surgical clearance is not medically necessary or appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dat

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.