

Case Number:	CM14-0148138		
Date Assigned:	09/18/2014	Date of Injury:	03/14/2013
Decision Date:	10/23/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/11/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 50-year-old female with a date of injury of 03/14/2013. The listed diagnoses per [REDACTED] are: 1. De Quervain's tenosynovitis. 2. Osteoarthritic changes of the metacarpal trapezoidal joint. 3. Triggering left small finger. According to progress report 03/20/2014, the patient presents with continued left thumb and wrist pain. There are complaints of triggering of the left small finger and no improvement with cortisone injection. Examination findings revealed full range of motion in flexion and extension of all digits without limitation except for the small finger. That digit demonstrated active triggering in flexion and palpation. The wrist continues to be tender and there are positive loading forces, grind test, and Finkelstein's. The treater states that the patient continues to have significant pain on the ulnar side of the wrist and MRI has indicated positive for TFCC tear. The treater has requested a left release of the first dorsal compartment, release A1 pulley for left small 5th finger, excisional arthroplasty of the trapezium, postoperative physical therapy x12, and custom-made splint. The utilization review dated 08/19/2014 approved the left release of the first dorsal compartment and release A1 pulley for small 5th finger, and modified certification for postoperative therapy from the requested 12 to 6 sessions. The excisional arthroplasty of the trapezium and custom-made splint were denied. This is a request for postop therapy x6, arthroplasty of the trapezium, and a custom-made splint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative Physical Therapy qty: 6: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18-20.

Decision rationale: This patient presents with pain at the base of the left thumb and wrist and continues of triggering of the left small finger. This is a request for post-operative physical therapy. The treater has requested a left release of the first dorsal compartment, release A1 pulley for left small 5th finger, excisional arthroplasty of the trapezium, postoperative physical therapy x12, and custom-made splint. Utilization review approved the requests for left release of the first dorsal compartment and release A1 pulley for small 5th finger, and modified certification for postoperative therapy from the initially requested 12 to 6 sessions. In this case, Post-Operative Physical Therapy qty: 6 is medically necessary.

Excision Arthroplasty of the Trapezium: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines TWC Integrated Treatment/Disability Duration Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines, Forearm, Wrist, and hand chapter on Arthroplasty

Decision rationale: This patient presents with continued pain in the base of the left thumb and wrist and complaints of triggering of the small left finger. The treater is requesting an excisional arthroplasty of the trapezium. ODG under its Forearm, Wrist and hand section has the following regarding Arthroplasty of the wrist, "Not recommended for the wrist. Every effort should be made to preserve the maximum pain-free movement of the joint, and arthroplasty (artificial joint replacement) provides improved stability and earlier motion, but complications are common and include implant fracture, lateral instability of the PIP joint, and, occasionally, synovitis." In this case, arthroplasty of the wrist is not supported. Excision Arthroplasty of the Trapezium is not medically necessary.

Custom Made Splint: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Hand Surg Br 2004 Oct; 29(5); 458-60/ A controlled clinical trial of postoperative hand elevation at home following day-case surgery. Fagain DJ, Evans A, Ghandour A, Prabhakaran P, Clay NR

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines, Forearm, Wrist, and hand chapter on Splints.

Decision rationale: This patient presents with pain in the base of the left thumb and wrist and complaints of triggering of the left small finger. The physician is requesting custom-made splint. The MTUS and ACOEM Guidelines do not discuss splinting of the wrist. However, ODG Guidelines under splinting states, Recommended for treating displaced fractures, mallet finger, following tendon repair and for arthritis. ODG supports the use of wrist splints as an option for conservative treatment. The custom made splint for post-operative use for the approved surgery, may be indicated. Therefore, Custom Made Splint is medically necessary.