

Case Number:	CM13-0060024		
Date Assigned:	01/03/2014	Date of Injury:	04/26/2004
Decision Date:	04/04/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified Hand Surgery, and is licensed to practice in Oregon. 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 physician 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 female complains of left thumb pain that is worsening. Her pain has persisted despite splinting, physical therapy and steroid injection to the CMC joint of the left thumb. The pain limits activities of daily living. X-rays show stage III left thumb CMC joint arthritis. Her surgeon recommends thumb arthroplasty. She has already had the procedure on the right hand with a very good outcome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpometacarpal (CMC) Arthroplasty of the left thumb: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index 11th Edition, 2013, (online version) Forearm, Wrist and Hand, Arthroplasty, finger and/or thumb (joint replacement)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand, Arthroplasty, finger and/or thumb, Green's Operative Hand Surgery, Sixth Edition, 2012, and J Hand Surg Eur Vol. 2012 Dec 6, Long term outcome of trapeziectomy with ligament reconstruction/tendon interp

Decision rationale: According to the ACOEM guidelines, Chapter 11, page 270, Referral for hand surgery consultation may be indicated for patients who: - Have red flags of a serious nature - Fail to respond to conservative management, including worksite modifications - Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention Thumb basal joint arthritis has been shown to benefit from surgical intervention in both the short and long term. The patient has end-stage CMC arthritis. Splinting and analgesics are generally effective for stage I and II CMC arthritis, but this patient has stage III arthritis with collapse of her joint and osteophytes. Her symptoms are unrelieved with analgesics. Splinting and steroid injections have provided only transient improvement. According to Green's Operative Hand Surgery, "Nonoperative treatment includes anti-inflammatory medication, intra-articular corticosteroid injection, hand- or forearm- based thumb spica splint immobilization, and thenar muscle isometric conditioning. Although none of these measures may provide permanent or even long-lasting relief from symptoms, they may indeed provide temporary relief and, in so doing, allow the patient a more active role in participating in the acceptance and timing of surgical intervention...Ligament reconstruction tendon interposition (LRTI) is designed to eliminate painful degenerative articulations and reconstruct the volar beak ligament. Excellent results are maintained at long-term follow-up. There are few complications, and revisions are rarely required. Potential loss of height may occur despite interposition and ligament reconstruction, but this is of questionable clinical relevance. Stages II, III, and IV disease are relative indications for LRTI. " Splinting may transiently improve her condition, but it will not cure her arthritis, and the standard of care for stage III CMC arthritis is removal of the trapezium and suspension with the FCR or APL tendon. According to the ODG guidelines, "In our series, total joint arthroplasty of the thumb CMC joint has proven to be efficacious with improved motion, strength, and pain relief for the treatment of stage III and early stage IV osteoarthritis of the CMC joint in older patients with low activity demands. According to a 2012 study by Vandenberghe et al, "we recommend the trapeziectomy with ligament reconstruction and tendon interposition as opposed to arthroplasty as the first choice in the treatment of basal joint osteoarthritis of the thumb." The medical literature, ODG guidelines and Green's Operative Hand Surgery support the medical necessity for CMC arthroplasty for this patient.

Toradol Injection 60mg 1M: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS states, "Ketorolac (Toradol®®, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions." Toradol was prescribed by [REDACTED] for the diagnosis of myofascial pain syndrome. The trigger point injection was performed in one or two muscles but the note does not document which muscle(s)/joint(s) were injected. Without information regarding which joint or muscle was injected and for what specific indication, medical necessity is not confirmed.

