

<b>Case Number:</b>	CM14-0007775		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	04/05/1996
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Orthopedic Surgery, has a subspecialty in Hand Surgery, and is licensed to practice in Texas. 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:

The injured worker is a 60-year-old female who reported injury on 04/05/1996. The mechanism of injury was not provided. The documentation of 10/10/2013 revealed the injured worker underwent a nerve conduction study which revealed no electrodiagnostic evidence of left carpal tunnel syndrome, entrapment at Guyon's canal on the left, or generalized peripheral polyneuropathy. Additionally, it was indicated the ulnar nerve values of the left elbow were unobtainable in contrast to the 2010 study in which the values were obtainable, though abnormal and indicative of cubital tunnel syndrome. The injured worker had a significant change. However, it was indicated if the injured worker had additional nerve surgery at the elbow since that time and if the nerve was relocated, the findings would be possibly secondary to the nerve being deeper and more inaccessible. However, if the injured worker had not had a second ulnar nerve surgery since 2010, this would represent deterioration in function of the ulnar nerve at the elbow. The documentation of 12/23/2013 indicated the injured worker's pain level was 2/10 compared with 7/10. The injured worker underwent a diagnostic and therapeutic injection into the basilar thumb joint with steroids on 12/02/2013. The injured worker indicated the last injection was helpful. The injured worker indicated she could now unbuckle the seatbelt and hold a brush or a bag of groceries. Physical examination revealed the thumb basilar joint was tender to palpation and the grind test was positive. There was mild laxity noted. There was occasional crepitus noted with manipulation of the joint. The diagnosis included status post right thumb trigger release, sub-muscular ulnar nerve transposition as well as status post left sub-muscular ulnar nerve transposition, rule out progressive left carpal tunnel syndrome with negative nerve conduction studies, status post left shoulder subacromial decompression and left thumb basilar joint arthritis. The treatment plan included surgical correction for the left thumb basilar joint. Per the Division of Worker compensation form request for authorization (RFA),

there was an additional request for a post-op splint and adjustment and occupational therapy 2 x 4.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **ONE LEFT THUMB LIGAMENT RECONSTRUCTION TENDON INTERPOSITION, WRIST TENDON TRANSFER, POSSIBLE MP JOINT STABILIZATION WITH FOREARM TENDON GRAFT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2011, pgs. 1-188, and Hegmann, K. T., editors, Occupational medicine practice guidelines. Evaluation and management of common health problems and functional recovery in workers, 3rd ed. Elk Grove village (IL).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[http://www.wheelsonline.com/ortho/ligament\\_reconstruction\\_and\\_tendon\\_interposition](http://www.wheelsonline.com/ortho/ligament_reconstruction_and_tendon_interposition)  
[http://www.wheelsonline.com/ortho/cmc\\_joint\\_cmc\\_arthritis](http://www.wheelsonline.com/ortho/cmc_joint_cmc_arthritis)

**Decision rationale:** The Wheelless' Online Textbook of Orthopedics indicates that a ligament reconstruction and tendon interposition is recommended for injured workers with basilar joint arthritis. The physical examination findings would include axial compression of the metacarpal and trapezium giving painful grind sensation, the thumb may have adduction deformity, there may be localized tenderness over the volar aspect of the thumb and no triggering during thumb flexion and a small amount of local anesthetic is injected into the carpometacarpal (CMC) joints with a resolution of pain for confirmation of the diagnosis. For stage II, there may be osteophyte formation at the ulnar site of the distal trapezial articular surface and mild to moderate subluxation may be present. The treatment is a ligament reconstruction tendon interposition. The injured worker had a grind sensation and had limited relief with the injection. However, the clinical documentation submitted for review failed to provide radiologic evidence the injured worker had basilar arthritis. As there was no radiologic evidence supplied, the classification and stage of arthritis could not be determined. Given the above, the request for one (1) thumb ligament reconstruction tendon interposition wrist tendon transfer, possible metacarpophalangeal joints (MCP) stabilization with forearm tendon graft is not medically necessary.

#### **ONE POST-OPERATIVE SPLINT AND ADJUSTMENT: 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 and Hand (Acute & chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation

[http://www.wheelsonline.com/ortho/ligament\\_reconstruction\\_and\\_tendon\\_interposition](http://www.wheelsonline.com/ortho/ligament_reconstruction_and_tendon_interposition)  
[http://www.wheelsonline.com/ortho/cmc\\_joint\\_cmc\\_arthritis](http://www.wheelsonline.com/ortho/cmc_joint_cmc_arthritis).

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported

**EIGHT POST-OPERATIVE OCCUPATIONAL THERAPY VISITS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement,, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation

[http://www.wheelsonline.com/ortho/ligament\\_reconstruction\\_and\\_tendon\\_interposition](http://www.wheelsonline.com/ortho/ligament_reconstruction_and_tendon_interposition)  
[http://www.wheelsonline.com/ortho/cmc\\_joint\\_cmc\\_arthritis](http://www.wheelsonline.com/ortho/cmc_joint_cmc_arthritis).

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.