

<b>Case Number:</b>	CM14-0008541		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	06/05/2003
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 Plastic and Reconstructive Surgery, and is licensed to practice in Maryland. 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 patient is a 68-year-old with a reported date of injury on 6/5/2003 when involved in a motor vehicle accident. The documentation from 9/9/13 notes that "thumb carpometacarpal (CMC) is not particularly bothersome; however, the trapezoid portion of the triscaphe joint is very tender to palpation." Previous documentation is reported that states on May 9, 2012 the patient needs a triscaphe arthroplasty with removal of a small area of bone (proximal portion of the trapezoid) to relieve bone-on-bone changes. He is reported to have had a previous injection of his scaphotrapezoid joint on April 4, 2012 that was successful initially and 50% at follow-up, but the pain has since recurred. The requesting surgeon is clarifying that the planned procedure is only bone removal and thus an arthroplasty without implant. The diagnosis is stated as triscaphe degenerative joint disease, status post left suspension anchovy arthroplasty in 2004. A request was made for Qualified medical evaluator (QME) which is stated to have been denied. The documentation from July 17, 2013 notes the patient has constant pain that occurs at night as well as swelling. His pain has not improved. He has failed cortisone injections and well as analgesics. Examination notes mild swelling of the left wrist with thumb tender in the triscaphe area. His rang-of-motion is limited. Other documentation is related to knee arthroplasty. A utilization review dated 12/26/13 did not certify the procedures of surgical removal of bone only-Left triscaphev(arthroplasty) and 12 postoperative physical therapy visits. The reason given was that the procedure had not been certified previously and no further documentation had been provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SURGICAL REMOVAL OF BONE ONLY - LEFT TRISCAPHE (ARTHROPLASTY):**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation : [www.pubmed.gov](http://www.pubmed.gov): Journal fo Hand Surgery (American Volume), 2011, Nov, 36(11): 175308, doi: 10.1016.j.jhsa.s011.08.031, and <http://www.ncbi.nlm.nih.gov/pubmed/22036275>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) FOREARM, WRIST AND HAND, ARTHROPLASTY, WRIST, JOINT REPLACEMENT AND TRAPEZIECTOMY.

**Decision rationale:** The patient is well-documented to have ongoing pain of the left wrist with trischaphe degenerative joint disease. He has failed reasonable conservative measures including cortisone injection, analgesics and activity modification. He had previously undergone a left wrist arthroplasty in 2004. Despite this, he continues to have pain, weakness and loss of motion. His pain is referred to the trapezoid of the trischaphe joint. The status of the trapezium is not documented, which may be partially or completely absent. The requesting surgeon has clarified the nature of the arthroplasty planned, which is not an implant placement. Total wrist arthroplasty with implant placement is not indicated as outlined from the Official Disability Guidelines (ODG): Arthroplasty, wrist (joint replacement) is not recommended for the wrist. However, this has not been requested. The surgeon has localized the pain to the trapezoid, a bone of the trischaphe joint. Although trapezoidectomy is not directly addressed in the ODG, trapeziectomy for carpometacarpal (CMC) arthritis is. The ODG states: is recommended. Among the different surgeries used to treat persistent pain and dysfunction at the base of the thumb from osteoarthritis, trapeziectomy is safer and has fewer complications than the other procedures. Participants who underwent trapeziectomy had 16% fewer adverse effects than the other commonly used procedures studied in this review; conversely, those who underwent trapeziectomy with ligament reconstruction and tendon interposition had 11% more (including scar tenderness, tendon adhesion or rupture, sensory change, or Complex Regional Pain Syndrome Type 1. Trapeziectomy is a form of arthroplasty to treat pain and dysfunction at the base of the thumb from a degenerative process. Thus, with the status of the trapezium being unknown and resection of degenerative bone of the wrist known to improve pain, partial trapezoidectomy is a reasonable option to treat his pain that has failed reasonable non-operative management. Thus, arthroplasty with bone only removal is medically necessary. The utilization review only stated that no further documentation after a previous denial was provided to warrant arthroplasty. A comprehensive rationale for denial was not included. Based on the presented medical documentation and with the additional clarification from the requesting surgeon not specifically addressed by the utilization review, the requested procedure is certified.

**TWELVE (12) POST OPERATIVE PHYSICAL THERAPY VISITS:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10.

**Decision rationale:** As the surgical procedure was certified, the following postsurgical treatment guidelines are: Arthropathy, unspecified, Postsurgical treatment, arthroplasty/fusion, wrist/finger: 24 visits over 8 weeks. Postsurgical physical medicine treatment period: 4 months. Thus, the request for twelve (12) post-operative physical therapy is medically necessary.