

Case Number:	CM14-0125050		
Date Assigned:	08/11/2014	Date of Injury:	01/14/2013
Decision Date:	10/03/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/07/2014

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 Surgery, has a subspecialty in 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 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 case involves a 52 year-old female who sustained an industrial injury on January 14, 2013. She was diagnosed with right thumb contusion, right hand strain and right shoulder pain. She was treated with non-steroidal anti-inflammatory drugs (NSAIDs) and returned to regular duty. An MRI of the right thumb was completed on September 17, 2013. The impression revealed moderate degenerative changes at the first carpometacarpal joint of the right hand; mild degenerative changes at the first metacarpophalangeal and interphalangeal joints; no acute fracture or subluxation; and no acute ligament or tendon tear is seen. An MRI of the right wrist was completed on September 17, 2013. The impression revealed there is no fracture or subluxation at the right wrist; there are moderate degenerative changes at the first carpometacarpal joint; this involves joint space narrowing, osteophyte formation and cartilage thinning; there is heterogeneous appearance to the internal tissue of the scapholunate ligament; and there is no through end through defect identified. This could be associated with previous trauma and focal scar formation. It also could be associated with degenerative change at the scapholunate ligament. The remainder of the visualized ligamentous structures as well as the triangular fibrocartilage appears to be intact. The patient was examined by [REDACTED] on April 1, 2014. The patient was followed for right deQuervain's, right thumb CMC degenerative joint disease and right scapholunate ligament partial tear. She reported the cortisone injection helped moderately. The brace also helped significantly. On examination tenderness was present at the right scapholunate interval, Finkelstein's test was positive on the right. There was a positive grind test of the right thumb CMC joint. Tenderness was present at the right thumb CMC and MCP joint hyperextension was 30. The impression was right deQuervain's tenosynovitis, right scapholunate ligament partial tear versus complete tear and right thumb CMC degenerative joint disease and right carpal tunnel syndrome - electrodiagnostic negative. The patient had two

cortisone injections to the right wrist, two cortisone injections for the first dorsal compartment and two cortisone injections for the right thumb CMC joint and one cortisone injection for the right carpal tunnel. She has not had long-lasting relief. She was recommended surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thumb carpometocarpal joint arthroplasty: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

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, CMC arthroplasty

Decision rationale: According to ACOEM 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, and have clear clinical and special study evidence of a lesion have been shown to benefit, in both the short and long term, from surgical intervention " This patient has a clinical exam consistent and MRI evidence of CMC arthritis. Steroid injections have failed. Surgery is indicated. According to the Official Disability Guidelines (ODG) with reference to CMC joint thumb arthroplasty, "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." The ODG guidelines support medical necessity for the proposed CMC joint replacement. As such, this request is medically necessary.

Trapeziectomy, hematoma and distraction: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines, Hand Chapter

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, CMC arthroplasty

Decision rationale: According to ACOEM 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, and have clear clinical and special study evidence of a lesion have shown to benefit, in both the short and long term, from surgical intervention " As such, this request is medically necessary.

Arthroplasty versus ligament reconstruction tendon interposition: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines, Hand Chapter

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, CMC arthroplasty

Decision rationale: According to ACOEM 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 have shown to benefit, in both the short and long term, from surgical intervention "This patient has a clinical exam consistent and MRI evidence of CMC arthritis. Steroid injections have failed. Surgery is indicated. As such, this request is medically necessary.

Possible volar metocarpophalangeal joint capsulodesis: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Volar plate capsulodesis for metacarpophalangeal hyperextension with Basal joint arthritis. Raskolnikov D, White NJ, Swart E, Zouzias IC, Rosenwasser MP. Am J Orthop (Belle Mead NJ). 2014 Aug;43(8):354-8.

Decision rationale: The patient has 20-30 degrees of hyperextension at the MCP joint. Volar capsulodesis is indicated to treat this problem. According to the referenced study, "In a retrospective study, we evaluated a cohort of 14 patients who underwent a novel technique of thumb MCP capsulodesis in conjunction with basal joint arthroplasty. A mean of 4.74 years after surgery, subjective outcome measures (Disabilities of the Arm, Shoulder, and Hand questionnaire; visual analog scale for pain; patient satisfaction) and objective outcome measures (range of motion, grip and pinch strengths) all reflected excellent function. The described technique for MCP capsulodesis is an attractive adjunct to basal joint arthroplasty" As such, this request is medically necessary.

First dorsal compartment release: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264, 271. Decision based on Non-MTUS Citation Official Disabilities Guidelines, Forearm, Wrist and Hand

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

Decision rationale: Per the ACOEM guidelines, Chapter 11, page 271, "The majority of patients with DeQuervain's syndrome will have resolution of symptoms with conservative treatment. Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option for treating DeQuervain's tendinitis. Surgery, however, carries similar risks and complications as those already mentioned above (see A, "Carpal Tunnel Syndrome"), including the possibility of damage to the radial nerve at the wrist because it is in the area of the incision." This patient has failed conservative treatment for several months with steroid injections, non-steroidal anti-inflammatory drugs (NSAIDs) and splinting. As such, this request is medically necessary.

Endoscopic carpal tunnel release, possibly open: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265, 270, 273. Decision based on Non-MTUS Citation Official Disabilities Guidelines, Carpal Tunnel Syndrome Chapter; Official Disabilities Guidelines, Indications for surgery

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: According to the ACOEM guidelines, Chapter 11, page 270, "Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post-surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken." This patient has normal nerve conduction studies. Per the ACOEM guidelines, carpal tunnel release is not medically necessary.

Possible repair or reconstruction of scapholunate ligament tear, right: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines, Hand Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: The patient has chronic wrist pain and MRI evidence of a scapholunate tear. The ACOEM guidelines support referral for hand surgery for conditions that have proven benefit from surgical management. Treatment of scapholunate ligament tear with repair is supported in the medical literature and may prevent the development of wrist arthritis that is associated with chronic scapholunate tears.

Post-operative Occupational Therapy 2x6: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post surgical treatment guidelines Page(s): 21.

Decision rationale: MTUS Chronic Pain Medical Treatment supports therapy following hand surgery. Therefore, the request is medically necessary.