

Case Number:	CM14-0021158		
Date Assigned:	05/07/2014	Date of Injury:	04/02/2013
Decision Date:	07/09/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/20/2014

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 & Reconstructive Surgery, has a subspecialty in Occupational Medicine/Preventative Medicine, 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 50 year old female with a reported date of injury on 4/2/13. She is documented to likely have had pre-existing left thumb CMC osteoarthritis compounded by her injury. Since the injury, she is documented to have undergone multiple medical topical and oral treatment of her pain, as well as splinting, physical therapy and acupuncture. She was referred to a hand specialist due to left thumb CMC osteoarthritis. Documentation from the Hand Surgeon dated 7/16/13 notes patient is seen for left thumb pain after previous trigger thumb release. Examination documents MP joint hyperextension deformity of 60 degrees with almost no passive or active motion at the base of the thumb metacarpal. Xray of the left thumb is stated to show severe osteoarthritis of the basal joint with hyperextension deformity of the MP joint. Recommendation was made for left thumb basal arthroplasty with trapeziectomy and ligament reconstruction with tendon interposition and arthrodesis of the metacarpophalangeal joint of the left thumb with postoperative physical therapy. Patient dispensed with Ibuprofen. Documentation from 7/23/13 notes examination with a positive grind test at the left thumb basal joint and tenderness. Also, there is continued severe hyperextension deformity of the MP joint of the left thumb. Recommendation was again made for CMC arthroplasty as well as arthrodesis of the MCP joint. Follow-up from 10/24/13 and 11/14/13 notes patient is still awaiting authorization for surgery. Examination and recommendations have not changed. Documentation is then provided from another hand surgeon who notes similar findings as the previous surgeon. Examination from 12/14/13 notes moderate fullness of the left thumb with positive 'shoulder sign' and significant hyperextension of the thumb MP joint. Left thumb with decrease opposition due to decrease MP joint flexion. Approximately 45 degrees left thumb MP joint hyperextension. Dorsal subluxation of the base of the thumb metacarpal with diffuse tenderness in the left thumb

CMC joint region. Significant pain with manipulation of the left thumb CMC joint. Xray studies are stated from July 16, 2013 which note severe trapeziometacarpal joint degenerative changes and minimal IP joint degenerative changes. Subluxation at trapeziometacarpal joint noted with hyperextension of MP joint. Options for intervention were discussed including corticosteroid injection or surgical treatment, which would involve trapeziectomy and suspensionplasty as well as arthrodesis or capsulodesis of the MP joint. Progress report from 1/29/14 reports patient feels about the same with chronic pain of the left thumb CMC joint. Examination notes similar findings from previous exam, with additional positive metacarpal base compression test. Response to utilization review denial notes the patient has used a brace and has taken medication. Radiographs reveal end stage trapeziometacarpal joint degenerative changes corresponding to at minimum stage 3 Eaton-Littler thumb CMC joint arthritis. The patient has not had cortisone injection, as this will likely be a temporizing maneuver, and will not address the thumb MP joint hyperextension. Recommendation is made again for left thumb CMC joint reconstruction and thumb MP joint capsulodesis. MRI report from 9/13/13 notes significant first carpometacarpal osteoarthritic change. MRI report from 4/15/14 notes 'irregular looking trapezium may relate to severe arthrosis, however, possibility of a remote fracture cannot be entirely excluded' and 'ganglion cyst adjacent to the pisiform'. MRI report of the left hand and thumb is unremarkable. Utilization review dated 2/11/14 did not certify the procedures of left CMC joint reconstruction and left thumb MP joint capsulodesis, as well as occupational therapy 2 x 4. Reasoning given was that MTUS ACOEM guidelines do not support surgery prior to conservative care. There is no documentation of bracing or injection. In addition, MTUS does not support 'surgery in absence of condition that will improve with surgery'. There is no radiologist report of confirming Stage III or IV disease despite Xray stated results of severe arthritis. There are no stress films showing instability or MRI showing reconstructable ligament.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT THUMB CMC JOINT RECONSTRUCTION AND LEFT THUMB MP JOINT CAPSULODESIS OUTPATIENT: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 270.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 11. 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, wrist & hand, Trapeziectomy, Non-MTUS Green's Operative Hand Surgery, Sixth Edition. Scott W. Wolfe, Robert N. Hotchkiss, William C. Pederson, and Scott H. Kozin. Chapter 13, "Thumb Basal Joint Arthritis", pages 407-426, Non-MTUS Cook, Geoffrey S. M.D.; Lalonde, Donald H. M.D., "MOC-PS(SM) CME Article: Management of Thumb Carpometacarpal Joint Arthritis", Plastic & Reconstructive Surgery: January 2008 - Volume 121 - Issue 1S - pp 1-9, and Non-MTUS, and Non-MTUS Li, Yu Kit; White, Colin; Ignacy, Teegan A. Achilleas Thoma. Comparison of Trapeziectomy and Trapeziectomy with Ligament Reconstruction and Tendon Interposition: A Systematic Literature Review. Plastic & Reconstructive Surgery. 128(1):199-207, July 2011.

Decision rationale: The patient is a 50 year old female with well-documented chronic pain likely related to well-documented CMC arthritis of the left thumb based on physical exam

findings, stated Xray findings and MRI results. Documented conservative treatment has included NSAIDs, topical analgesics, other oral analgesics, bracing, and modification of activity. Corticosteroid injection was offered to the patient but was declined. Based on MTUS 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 that has been shown to benefit, in both the short and long term, from surgical interventionAs noted the patient continues to have severe pain and loss of function related to CMC osteoarthritis. She has failed reasonable, well-documented conservative measures. CMC joint reconstruction is a well-known procedure to reduce pain and improve function. ODG forearm, hand and wrist specifically addresses trapeziectomy which is a form of reconstruction. Specifically, it is recommended:In summary, the patient is well-documented to have significant osteoarthritis of the left thumb CMC joint that has failed non-operative management. She is symptomatic and has loss of function due to pain and difficulty with range-of-motion. In addition, she has a significant hyperextension deformity of the left thumb MP joint which should be addressed at the time of the CMC joint reconstruction. Trapeziectomy is a form of CMC joint reconstruction that is specifically recommended by ODG and is included as part of the surgical treatment plan. The overall treatment plan is consistent with MTUS ACOEM, ODG and peer-reviewed sources. Thus, this should be considered medically necessary.

OCCUPATIONAL THERAPY 2 X 4: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19.

Decision rationale: As the surgical treatment was deemed medically necessary, postoperative physical therapy would be medically necessary and appropriate.