

Case Number:	CM14-0036811		
Date Assigned:	06/25/2014	Date of Injury:	08/06/2004
Decision Date:	07/31/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/26/2014

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 Orthopaedic Surgery and is licensed to practice in California. 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 48-year-old female sustained an industrial injury on 8/6/04 when she fell on her right hand. She was status post carpal tunnel release in 2008 and 2009, and revision right carpal tunnel release on 1/31/13. She underwent two reconstructive surgeries for ulnar collateral ligament tear. The 7/17/13 right thumb MRI impression documented suboptimal images secondary to extensive surgical artifact about the ulnar collateral ligament of the first metocarpophalangeal (MCP). There was altered sign around and within both the metacarpal and phalangeal attachments of the reconstructed ulnar collateral ligament with possible partial tear. The 2/10/14 progress report cited right thumb pain in both the MCP and carpometacarpal (CMC) areas. She notes pain with writing, cutting, grasping, and weight bearing. Physical exam documented CMC joint pain, which was painful when the joint was stressed. There was MCP tenderness, dorsal ulnarly, where there was a bony prominence. She had a Tinel's sign proximal to her scar in the thumb metacarpal area. There was valgus laxity of the right thumb, 30 degrees versus 25 degrees left, with a stable end point. There was decreased sensitivity right thumb. The diagnosis was right thumb MCP and CMC arthritis and ulnar collateral ligament strain, MCP joint right thumb, with right thumb instability. A diagnostic nerve block was performed and improved much of her pain. A neuroma was opined. Authorization was requested to explore the area, remove a neuroma if present and, as indicated, revise reconstruction of the MCP collateral ligament. The 2/19/14 utilization review modified the surgical request and certified excision of the neuroma with assistant surgeon. The request for ligament reconstruction was denied as there was no documentation of excessive laxity in the ligament. The 2/25/14 treating physician appeal letter stated that the patient had abnormalities in three areas. These included the reconstructed ulnar collateral ligament of the MCP joint, the CMC joint which was secondarily painful, and a recently discovered neuroma in the operative area. He opined the nerve surgery alone could

adequately improve her symptoms, but it would be appropriate to inspect the ligament and, as indicated, reconstruct or repair it, if it is pulled away from the bone. Conservative treatment had included immobilization/splinting entire thumb and a specific CMC joint splint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right thumb surgery, excision neuroma hand non-digital nerve; implantation of the nerve end into bone or muscle (right thumb) assisted surgeon. (Reconstruction of the ligament single metacarpophalangeal joint with tendon graft.): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/2937074><http://www.ncbi.nlm.nih.gov/pubmed/20193866><http://www.ncbi.nlm.nih.gov/pubmed/8228072>Wheeless; American Association of Orthopedic (AAOS) Position statement reimbursement of the First assistant at surgery in orthopedics; and book of orthopedics-Hand and Wrist.

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: Ritting AW, Baldwin PC, Rodner CM. Ulnar collateral ligament injury of the thumb metacarpophalangeal joint. Clin J Sport Med. 2010 Mar;20(2):106-12.

Decision rationale: The California MTUS and Official Disability Guidelines do not provide recommendations for ulnar collateral ligament reconstruction or excision of neuroma. The neuroma excision has been certified. Under consideration is a request for reconstruction of the ulnar collateral ligament, MCP joint with tendon graft. Peer-reviewed evidence supports the use of tendon grafting for reconstruction of chronic instability of the ulnar collateral ligament of the thumb MCP joint. The patient presents with three areas of abnormality, including the area of prior ulnar collateral ligament reconstruction, the CMC joint, and a neuroma. The neuroma excision is approved. The surgeon has requested authorization to inspect the prior reconstruction and revise or repair only if necessary. He notes 5 degrees of instability on the physical exam with firm end point, indicative of a partial tear. The MRI noted a possible partial tear, but imaging is limited by prior reconstruction. Given that the neuroma excision surgery is approved, it is reasonable to allow the provider discretion to address all issues. Therefore, this request for right thumb surgery including excision neuroma hand non-digital nerve; implantation of the nerve end into bone or muscle (right thumb) assisted surgeon, and reconstruction of the ligament single metacarpophalangeal joint with tendon graft is medically necessary.