

<b>Case Number:</b>	CM14-0078387		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/14/2013
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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, Virginia and North Carolina. 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 3/14/13. She complains of left wrist pain and triggering. Progress report dated 9/18/13 notes the patient has left wrist pain and is undergoing physical therapy, bracing, ice/heat and NSAIDs for conservative treatment. An examination notes tenderness of the left wrist over the radial carpal joint and carpometacarpal joint area. MRI findings are noted and a recommendation for hand surgery evaluation is made. MRI of the left wrist on 5/26/13 notes: tear of the triangular fibrocartilage complex and degenerative changes of the lunate most consistent with ulnar impaction syndrome; mild degenerative changes at the articulation of the distal pole of the scaphoid and the trapezium and trapezoid; tendinosis of the ECU; DeQuervain's tendinopathy. Documentation from 10/31/13 notes tenderness with left thumb hyperflexion and hyperextension. Carpometacarpal (CMC) joint is not tender; Finkelstein's sign is present. Assessment is DeQuervain's tenosynovitis as opposed to CMC arthritis. A corticosteroid injection was planned for the 1st dorsal compartment. If this fails to improve the patient's tenderness at the CMC joint, then a diagnosis of CMC arthritis should be considered. The patient underwent a corticosteroid injection to the left 1st dorsal compartment on 12/11/13. Progress report dated 1/9/14 notes the previous injection aggravated her symptoms. She is taking an NSAID for her pain and is undergoing a home-exercise program. A progress report dated 2/20/14 notes the patient is using a brace at night that helps with numbness in her left hand and wrist. Recommendation was made to return to the hand surgeon for re-evaluation and possible surgery. Re-evaluation dated 3/20/14 notes triggering of the right small finger that had been previously treated with a steroid injection without improvement. She complains of pain at the base of the left thumb and wrist. An examination notes tenderness at the base of the thumb. 'Loading forces and grind test are positive along with a Finkelstein test.' Assessment is that the patient has DeQuervain's tenosynovitis and osteoarthritic changes of the

metacarpotrapezial joint, as well as small finger triggering. Recommendation was made for release of the 1st dorsal compartment, excisional arthroplasty of the trapezium and an additional injection for the small finger triggering (followed by surgery if not resolved). A progress note from 4/3/14 notes patient underwent steroid injection of the left small finger triggering. Progress note from 5/1/14 notes the patient continues with left small finger triggering and left wrist/thumb pain. Request was made for release of the left 1st dorsal compartment, excisional arthroplasty of the trapezium and left small finger trigger release. A progress note from 6/5/14 notes the patient underwent an unrelated left knee surgery and that her signs and symptoms related to the left wrist and thumb have not changed.

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

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

#### **Excisional Arthroplasty of the Trapezium: Upheld**

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

**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, Trapeziectomy and on the 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 - page 1-9.

**Decision rationale:** From MTUS guidelines, ACOEM p. 270, general surgical principles are discussed. 'Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint.' 'If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan.' From the ODG, trapeziectomy 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). The patient is not adequately diagnosed with CMC arthritis that is supported by radiographic studies. Radiographic studies would help to clarify the severity of the condition, as well. Finally, as documented in the above article from Cook et al, "Not all patients with arthritis of the thumb carpometacarpal joint will require surgery. There are some patients with visible deformities and marked radiographic changes who are symptom free and require no treatment. The first step in relieving a symptomatic patient is adequate patient education regarding the cause of the pain and behavior modification to minimize pain production. Non-steroidal anti-inflammatory medication can be added should the pain persist. If this is not enough to alleviate the symptoms, a custom-made short opponens splint can be fabricated to stabilize the carpometacarpal joint while still allowing the interphalangeal and/or the metacarpophalangeal joint to move. Finally, should splinting and non-steroidal anti-inflammatory drugs prove

ineffective in eliminating the pain, a steroid can be injected into the carpometacarpal joint." Therefore, though the patient has signs and symptoms of CMC arthritis, a steroid may be indicated or should be considered. Therefore, left thumb arthroplasty with resection of the trapezium should not be considered medically necessary, which is consistent with the utilization review. Therefore the request is not medically necessary.