

<b>Case Number:</b>	CM14-0084878		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	06/10/2010
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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, North Carolina and Virginia. 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 62 year old female with a reported date of injury on 12/30/10 who complains of bilateral wrist pain and had requested authorization for surgical treatment of left-sided thumb basilar joint arthritis and DeQuervain's tenosynovitis. She is noted to have had a previous left carpal tunnel release and release of the 1st and 2nd dorsal compartments on 2/26/13. Previous medications documented include Neurontin, Norco and muscle relaxants. Progress report dated 4/24/14 notes bilateral hands with edema, bony changes that are tender to palpation, bilateral basilar joints with +++ grind test, pain with wrist radial deviation bilaterally and active range of motion decreased of the thumbs. Documentation from the hand surgeon on 4/1/14 notes stated diagnoses of left DeQuervain's disease and bilateral basal joint degenerative traumatic arthritis left greater than right. Present complaints(with respect to the left side) include tingling of the first dorsal compartment left thumb, pain in the left wrist, numbness and tingling in the left index and small fingers and swelling of the left hand. Assessment is noted as awaiting AME recommendations and stated X-ray reports revealing severe degenerative arthritis of the bilateral basilar joints. Documentation from the hand surgeon on 3/4/14 note numbness and tingling of the left ring and small fingers, tingling of the first dorsal compartment left thumb, pain in the left wrist especially at the base of the left thumb, and swelling of the left hand. Objective findings include moderate pain with positive grinding of the left basal joint. Recommendation was made for X-rays of the bilateral thumbs and awaiting recommendations of the AME (Agreed Medical Evaluation). Electrodiagnostic studies of the right upper extremity from 2/18/14 are reported as normal. Documentation from a progress report dated 2/6/14 notes request for additional physical therapy for the right shoulder and left wrist and hand. Physical therapy documentation dated 1/6/14 notes right-sided treatment following shoulder surgery. Progress report dated 12/31/13 notes that the hand surgeon has recommended further strengthening of the left hand.

Physiotherapy/exercise was recommended for the left hand and right shoulder. Documentation from the hand surgeon on 12/10/13 notes pain in the left hand especially around the incision area, sensitivity and tingling at the base of the left thumb, tingling and numbness of the left ring and little fingers. Examination notes positive Tinel's sign of the left first dorsal compartment with irritation of the dorsal sensory branches of the radial nerve and tender carpal tunnel scar. OT status is pending authorization. Request for authorization dated 11/25/13 notes recommendation for occupational therapy of the left shoulder and right upper extremity electrodiagnostic studies. Physical therapy prescription is noted on 9/10/13 for treatment of the right shoulder. Other physical therapy documentation is related mainly to the right shoulder. Utilization review dated 5/9/14 did not certify the procedures of Left Basal Joint Inter positional Arthroplasty: Flexor carpi radialis tendon graft; k wire fixation metacarpal 1 and 2: Excision of Trapezium and Left First Dorsal compartment release, as well as pre and postoperative treatment/medications/equipment. Reasoning given was that for left basal joint arthroplasty there was not a trial of conservative measures or radiographic study to document end-stage arthritis of the basilar joint of the left thumb. For left first dorsal compartment release, there was not documentation of conservative measures attempted. As the surgeries are not certified, preoperative history and physical/medical clearance, post-op occupational therapy, splint, CPM (continuous passive motion) for fingers, cold therapy, Keflex, Norco and Zofran are not certified.

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

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

**Left Basal Joint Inter positional Arthroplasty with Flexor carpi radialis tendon graft and k wire fixation metacarpal 1 and 2: Excision of Trapezium: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**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, Trapeziectomy Other Medical Treatment Guideline or Medical Evidence: 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.

**Decision rationale:** The patient is noted to have chronic pain to the base of the left thumb with signs and symptoms of osteoarthritis of the left thumb carpometacarpal joint. However, there has not been a well-documented conservative treatment plan that has been attempted to treat her pain. There is no recent evidence of specific treatment with respect to the base of the thumb. Physical therapy appears to have been mainly for shoulder complaints. There has been no documentation of NSAIDs, bracing or a steroid injection. X-rays are only stated to show osteoarthritis of the left basilar thumb, but there is no formal documentation of X-ray reports to support this. 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." The patient does have evidence of thumb pain consistent with the diagnosis. However, there is not a well-documented conservative plan that has been attempted. In addition, X-ray reports are necessary to confirm the diagnosis, which has not been provided. According to ODG, with respect to thumb osteoarthritis, Trapeziectomy: 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). (Wajon, 2005) (Field, 2007) (Raven, 2006) Although the requesting surgeon requests a trapeziectomy, he additionally requests treatment more consistent with ligament reconstruction and tendon interposition, which is not specifically recommended per ODG. However, as stated above, conservative management to include Non-Steroid Anti-Inflammatory Drugs (NSAIDs), bracing or steroid injection has not been documented. The diagnosis has not been supported by X-ray reports. Therefore, left thumb arthroplasty and ligament reconstruction should not be considered medically necessary and the request of Left Basal Joint Interpositional Arthroplasty with Flexor carpi radialis tendon graft and k wire fixation metacarpal 1 and 2: Excision of Trapezium is not medically necessary and appropriate.

**Left First Dorsal compartment release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

**Decision rationale:** The patient is stated to have a diagnosis of DeQuervain's tenosynovitis, and had previously undergone surgical treatment. A recent Finkelstein's sign has not been documented to help differentiate osteoarthritis from tenosynovitis. She has not been documented to have failed non-operative management including splinting and injection. From ACOEM p 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. From ODG, surgery is recommended as an option if consistent symptoms, signs, and failed three months of conservative care with splinting and injection. DeQuervain's disease causes inflammation of the tendons that control the thumb causing pain with thumb motion, swelling over the wrist, and a popping sensation. Surgical treatment of DeQuervain's tenosynovitis or hand and wrist tendinitis/tenosynovitis without a trial of conservative therapy, including a work

evaluation, is generally not indicated. 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. (AHRQ, 2003) (California, 1997) (Zarin, 2003) (Ta, 1999) Injection alone is the best therapeutic approach to de Quatrain's tenosynovitis. (Richie, 2003) (Lane, 2001). Thus, based on this, the request for release of the left first dorsal compartment is not considered medically necessary.

**Pre operative history and physical / Medical clearance.:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Post-operative twelve (12) occupational therapy sessions with certified hand therapist:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Custom / fabricated splint.:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**CPM for fingers thirty (30) days.:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Keflex #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Norco #90 with one refill:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Zofran #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.