

<b>Case Number:</b>	CM13-0049280		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/02/2013
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Oregon  
 Certification(s)/Specialty: Plastic Surgery, Hand Surgery

### 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 injured worker is a 50-year-old female, who sustained an industrial injury on 08-02-2013. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for carpometacarpal (CMC) joint injury, left wrist contusion, saphenous nerve contusion, bilateral knee contusions, and left elbow contusion. Medical records indicate ongoing left wrist and thumb pain, abnormal range of motion (ROM) in the left thumb and wrist, weakness and numbness in the left upper extremity. Pain levels were rated 8-10 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in activity level or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 10-01-2013, revealed limited and painful ROM, subluxation, and multiple abnormalities in the left wrist and hand. Relevant treatments have included work restrictions, supportive or immobility bracing, and pain medications (Norco since 09-2013). The treating physician indicates that x-rays of the left thumb (08-15-2013) showed a slight lateral displacement of the 1st metacarpal bone at the CMC joint and possible small avulsion fracture at the base of the proximal phalanx which was confirmed by MRI, and an x-rays of the left wrist (08-15-2015) showed medial radial displacement of the 1st metacarpal bone at the CMC joint. The PR and request for authorization (10-01-2015) shows that the following services were requested: Left first dorsal compartment release, major reconstruction numerous ligaments and capsule left trapeziometacarpal joint; preoperative X-Ray-thumb series, 3 views (AP, LAT, OBLQ & CMC-1) right and left; post-op occupational therapy 3 times per week for 4 weeks with CHT, beginning 1 day after surgery; specialized thumb Spica immobilization for the left thumb to include the distal tip; pre-op history and physical, pre-op Norco 10-325mg (1 tablet orally every 4 hrs. as needed for pain) #90 with 1 refill; post-op Norco 10-325mg (1 tablet orally every 4-6 hrs. as needed for pain) # 90 with 1

refill; post-op Keflex 500mg (1 capsule orally 3 times daily) #30; continuous passive motion (CPM) device for the finger for a 30 day rental; and ThermoCool compression therapy for 30 day rental. The original utilization review (10-28-2013) non-certified the request for Left first dorsal compartment release, major reconstruction numerous ligaments and capsule left trapeziometacarpal joint; preoperative X-Ray-thumb series, 3 views (AP, LAT, OBLQ & CMC-1) right and left; post-op occupational therapy 3 times per week for 4 weeks with CHT, beginning 1 day after surgery; specialized thumb Spica immobilization for the left thumb to include the distal tip; pre-op history and physical, pre-op Norco 10-325mg (1 tablet orally every 4 hrs. as needed for pain) #90 with 1 refill; post-op Norco 10-325mg (1 tablet orally every 4-6 hrs. as needed for pain) #90 with 1 refill; post-op Keflex 500mg (1 capsule orally 3 times daily) #30; continuous passive motion (CPM) device for the finger for a 30 day rental; and ThermoCool compression therapy for 30 day rental.

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

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

#### **Left first dorsal compartment release, major reconstruction numerous ligaments and capsule left trapeziometacarpal joint: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand Chapter, Arthroplasty, finger and/ or thumb (joint replacement) section.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** According to ACOEM Practice Guidelines, 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 that has been shown to benefit, in both the short and long term, from surgical intervention. This patient has MRI evidence of CMC joint subluxation. X-rays and exam confirm the diagnosis. Symptoms have been present for two years. Surgery is medically necessary to stabilize the joint.

#### **Specialized thumb Spica immobilization for the left thumb to include the distal tip: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** According to the ACOEM Practice Guidelines, day splints can be considered for patient comfort as needed to reduce pain, along with work modifications. The patient will need a splint to stabilize the thumb CMC joint following surgery. Failure to use a splint could result in failure of the procedure. The request for a splint is medically necessary.

#### **Preoperative X-Ray; thumb series, 3 views; AP, LAT, OBLQ & CMC-1; right and left: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pre-Op Testing General.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria.

**Decision rationale:** The ACOEM Practice Guidelines supports x-rays for skeletal injuries. However, the patient had x-rays in 8/15/15. Repeat x-rays are not indicated. There has been no clinical change in the patient's condition over the last three months. Therefore, the request is not medically necessary.

**Preoperative History & Physical:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

**Decision rationale:** According to the Official Disability guidelines, preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. There is insufficient evidence to support routine preoperative medical clearance prior to straightforward hand surgery procedures. The hand surgeon can perform a history and physical and refer the patient for preoperative clearance if the history and physical detects any medical issues. Therefore, the request is not medically necessary.

**Associated surgical service: Occupational therapy 3 times per week for 4 weeks with CHT, beginning 1 day after surgery:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

**Decision rationale:** According to the MTUS Postsurgical Treatment Guidelines, the recommended number of physical therapy visits is 24 over 8-weeks with a postsurgical physical medicine treatment period of 4-months. The patient is undergoing both thumb stabilization and first compartment release. Therapy will be required to restore function. The request is consistent with the MTUS guidelines and is medically necessary.

**Associated surgical service: Continuous passive motion device (CPM) for the finger for a 30-day rental:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter, Continuous Passive Motion (CPM).

**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, CPM.

**Decision rationale:** According to the Official Disability Guidelines, continuous passive motion (CPM) is recommended. Controlled mobilization regimens are widely employed in rehabilitation after flexor tendon repair in the hand. The patient is not undergoing flexor tendon repair. Thumb ligament repair is planned. There is no evidence that CPM is effective for thumb ligament repair. Therefore, the request is not medically necessary.

**Associated surgical service: ThermoCool compression therapy for 30-day rental: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** According to the ACOEM Practice Guidelines, at home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. This patient is having surgery. A cold therapy unit is not required. Cold packs should be sufficient for postoperative pain. Therefore, the request is not medically necessary.

**Postoperative Keflex 500mg (1 capsule orally 3 times daily) #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/keflex.html>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Hand Surg Am. 2011 Nov; 36(11): 1741-7. doi: 10.1016/j.jhsa.2011.08.005. Epub 2011 Oct 5. Assessing the impact of antibiotic prophylaxis in outpatient elective hand surgery: a single-center, retrospective review of 8,850 cases. Bykowski MR1, Sivak WN, Cray J, Buterbaugh G, Imbriglia JE, Lee WP. Orthopedics. 2012 Jun; 35 (6): e829-33. doi: 10.3928/01477447-20120525-20. Is antibiotic prophylaxis necessary in elective soft tissue hand surgery? Tosti R1, Fowler J, Dwyer J, Maltenfort M, Thoder JJ, Ilyas AM.

**Decision rationale:** According to a study by Bykowski et al, given the potential harmful complications associated with antibiotic use and the lack of evidence that prophylactic antibiotics prevent SSIs, we conclude that antibiotics should not be routinely administered to patients who undergo clean, elective hand surgery. Perioperative antibiotics are not indicated for this clean case. Therefore, the request is not medically necessary.

**Postoperative Norco 10-325mg (1 tablet orally every 4-6 hrs. as needed for pain) # 90 with 1 refill: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**Decision rationale:** According to the ACOEM Practice Guidelines, opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. Opioids cause significant side effects, which the clinician should describe to the patient before prescribing them. Poor patient tolerance, constipation, drowsiness, clouded judgment, memory loss, and potential misuse or dependence have been reported in up to 35% of patients. Patients should be informed of these potential side effects. The patient will have significant pain following thumb surgery. The request for postoperative opiates for pain control is appropriate. Therefore, the request is medically necessary.

**Preoperative Norco 10-325mg (1 tablet orally every 4 hrs. as needed for pain) #90 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**Decision rationale:** According to the ACOEM Practice Guidelines, opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. Opioids cause significant side effects, which the clinician should describe to the patient before prescribing them. Poor patient tolerance, constipation, drowsiness, clouded judgment, memory loss, and potential misuse or dependence have been reported in up to 35% of patients. Patients should be informed of these potential side effects. The ACOEM Practice Guidelines do not support long-term use of opiates. The request for 90 preoperative opiate pills is not supported by MTUS. The MTUS Guidelines only support short-term treatment, and 90 pills prior to surgery is not short-term treatment. Therefore, the request is not medically necessary.