

Case Number:	CM14-0193242		
Date Assigned:	12/01/2014	Date of Injury:	05/01/2012
Decision Date:	02/28/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/18/2014

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. 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:

This female has right base of thumb pain. Her pain has persisted despite two steroid injections into the right thumb CMC joint. Grind test is positive. X-rays shows degenerative changes in the CMC and MP joints of the right thumb. Joint replacement surgery is planned.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right thumb carpometacarpal and scaphotrapezoidal arthroplasty: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): table 11-4. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), and Wheelless' Textbook of Orthopedics, Ligament Reconstruction and Tendon Interposition for CMC or Basal Joint Arthritis or CMC Instability Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand Wrist and Forearm; Green's Operative Hand Surgery.

Decision rationale: The procedures are medically necessary. The patient has end-stage CMC arthritis. Splinting and analgesics are generally effective for stage I and II CMC arthritis, but this patient has stage III arthritis with collapse of her joint and osteophytes. Her symptoms are unrelieved with analgesics. Splinting and steroid injections have provided only transient improvement. According to Green's Operative Hand Surgery, "Nonoperative treatment includes anti-inflammatory medication, intra-articular corticosteroid injection, hand- or forearm- based thumb spica splint immobilization, and thenar muscle isometric conditioning. Although none of these measures may provide permanent or even long-lasting relief from symptoms, they may indeed provide temporary relief and, in so doing, allow the patient a more active role in participating in the acceptance and timing of surgical intervention...Ligament reconstruction tendon interposition (LRTI) is designed to eliminate painful degenerative articulations and reconstruct the volar beak ligament. Excellent results are maintained at long-term follow-up. There are few complications, and revisions are rarely required. Potential loss of height may occur despite interposition and ligament reconstruction, but this is of questionable clinical relevance. Stages II, III, and IV disease are relative indications for LRTI. " Splinting may transiently improve her condition, but it will not cure her arthritis, and the standard of care for stage III CMC arthritis is removal of the trapezium and suspension with the FCR or APL tendon. According to the ODG guidelines, "In our series, total joint arthroplasty of the thumb CMC joint has proven to be efficacious with improved motion, strength, and pain relief for the treatment of stage III and early stage IV osteoarthritis of the CMC joint in older patients with low activity demands. According to a 2012 study by Vandenberghe et al, "we recommend the trapeziectomy with ligament reconstruction and tendon interposition as opposed to arthroplasty as the first choice in the treatment of basal joint osteoarthritis of the thumb." The medical literature, ODG guidelines and Green's Operative Hand Surgery support the medical necessity for CMC arthroplasty for this patient.

Abductor pollicis longus tendon graft under auxillary block: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand Wrist and Forearm; Green's Operative Hand Surgery.

Decision rationale: Suspension of the base of the thumb with the abductor pollicis longus is a standard part of the thumb reconstruction procedure to prevent proximal migration and subluxation of the base of the thumb once the trapezium has been removed.

Consultation and pre-operative clearance: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: ODG-TWC last updated 11/13/14 states that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, 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. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and that undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Chest radiography is reasonable for the patients at risk of postoperative pulmonary complications if the results would change perioperative management. Patients in their usual state of health who are undergoing cataract surgery do not require preoperative testing. (Feely, 2013) This patient is obese and has undergone prior bariatric surgery. Many bariatric patients have nutritional and electrolyte deficiencies. Preoperative clearance is indicated in view of her complicated past medical history.

Post-operative physical/occupational therapy, twelve sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-therapy guidelines.

Decision rationale: Per the MTUS: Arthropathy, unspecified (ICD9 716.9): Postsurgical treatment, arthroplasty/fusion, wrist/finger: 24 visits over 8 weeks *Postsurgical physical medicine treatment period: 4 months. The surgeon is planning a thumb arthroplasty. The requested 12 sessions is appropriate for postoperative therapy based on the above guidelines. 12 sessions is appropriate for postoperative therapy based on the above guidelines.