

Case Number:	CM15-0133200		
Date Assigned:	07/21/2015	Date of Injury:	01/31/2013
Decision Date:	08/21/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/09/2015

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: Minnesota, Florida

Certification(s)/Specialty: Orthopedic 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 54 year old female, who sustained an industrial injury on 1/31/2013. She reported repetitive use injuries to the thumb and bilateral wrists. Diagnoses include bilateral CMC arthritis of the thumb, left greater than right. Treatments to date include activity modification, bracing, physical therapy, and multiple therapeutic injections. Currently, she complained of increasing pain to base of the left thumb and triggering of the right ring finger. On 4/30/15, the physical examination documented tenderness with palpation and grinding with range of motion in the thumb. Previous x-rays of the thumb revealed bone on bone articulation of the CMC joint with 50% subluxation. The plan of care included left trapezial resection with ligament reconstruction and tendon interpositional arthroplasty. This appeal requested to authorize the ligament reconstruction and tendon interpositional arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left trapezila resection with ligament reconstruction and tendon interpositional arthroplasty: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Trapeziectomy

(for CMC) Integrated Treatment/Disability Duration Guidelines, Forearm, Wrist & Hand (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Forearm, wrist, and hand; Topic: Trapeziectomy and Other Medical Treatment Guidelines Journal of Hand Surgery Am. Mar 2012; 37(3) 411-7 5-18 year follow-up for treatment of trapeziometacarpal osteoarthritis: A prospective active comparison of excision, tendon interposition, and ligament reconstruction and tendon interposition. (Gangopadhyay et al).

Decision rationale: California MTUS guidelines do not address this topic. ODG guidelines are therefore used. The guidelines recommend trapeziectomy for carpometacarpal arthritis of the thumb. It is safer and has fewer complications than the other procedures. The procedure involving ligament reconstruction and tendon interposition had 11% more complications including tenderness in the scar, tendon adhesions or rupture, sensory change, or complex regional pain syndrome compared to trapeziectomy alone. Simple trapeziectomy with hematoma and distraction arthroplasty is as effective as more complicated procedures. However, the tendon interposition and ligament reconstruction is still performed frequently, depending upon the preference of the surgeon. In a randomized clinical trial of 174 thumbs divided into 3 groups including palmaris longus interposition or flexor carpi radialis ligament reconstruction and tendon interposition or simple trapezial excision after a minimum follow-up of 5 years there was no difference in the pain relief achieved with good results in 78% of patients. Grip strength and key and tip pinch strengths did not differ among the 3 groups and range of movement of the thumb was similar. Fewer complications persisted after 5 years and these were distributed evenly among the 3 groups. The good pain relief achieved was maintained in the longer-term irrespective of the type of surgery. The outcome of these 3 variations of trapeziectomy were similar after a minimum follow-up of 5 years. There appears to be no benefit to tendon interposition or ligament reconstruction in the longer-term. Journal of Hand Surgery, American 2012 March; 37 (3) 411 7 5-18 year follow-up for treatment of trapeziometacarpal osteoarthritis: A prospective active comparison of excision, tendon interposition, and ligament reconstruction and tendon interposition. (Gangopadhyay et al). Despite the ODG preference for simple trapeziectomy, all 3 procedures have similar long term outcomes. As such the decision should be made by the surgeon and the individual preference for a particular technique. In this case, there is 50% subluxation of the CMC joint. Therefore, the procedure requested by the surgeon including the ligament reconstruction and tendon interposition is appropriate and medically necessary.