

Case Number:	CM15-0136225		
Date Assigned:	07/24/2015	Date of Injury:	06/18/2014
Decision Date:	08/21/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/14/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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 29-year-old male with an industrial injury dated 06/18/2014. The injured worker's diagnoses include status post open reduction internal fixation (ORIF) left scaphoid, status post open reduction internal fixation (ORIF) left distal radius and residual left thumb carpometacarpal (CMC) pain, instability and degeneration. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 06/09/2015, the injured worker reported that the scaphoid continues to do fairly well and he reported increasing pain at the base of the left thumb. Objective findings revealed significant tenderness at the left thumb carpometacarpal (CMC) joint with a positive carpometacarpal (CMC) grind test, crepitus and instability. The treating physician reported that the X-ray of the left wrist revealed significant instability and subluxation of the left thumb carpometacarpal (CMC) joint. Treatment plan consisted of left thumb surgery and medication management. The treating physician prescribed services for left carpometacarpal (CMC) arthroplasty with tendon transfers, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left CMC arthroplasty with tendon transfers: Overturned

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, & Hand chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation 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 a 29-year-old male who had previously suffered significant trauma to the left wrist and is s/p ORIF of the left scaphoid and distal radius. His current condition consists of left thumb CMC pain, instability and degeneration supported by examination detail of crepitus/positive grind test and plain radiographic studies. He has failed conservative management of splinting, activity modification and NSAIDs. Overall, based on the clinical picture and failure of conservative management, left CMC arthroplasty with tendon transfer should be considered medically necessary. From ACOEM page 270, 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." Have clear clinical and special study evidence of a lesion that has been shown to benefit. The patient has a well-documented condition of a painful CMC arthritis that has failed reasonable conservative management. CMC arthroplasty is likely to help correct the painful condition. As documented in the above article from Cook et al, "Not all patients with arthritis of the thumb carpometacarpal joint will require surgery. Some patients with visible deformities and marked radiographic changes 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. Nonsteroidal 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 nonsteroidal anti-inflammatory drugs prove ineffective in eliminating the pain; a steroid can be injected into the carpometacarpal joint." Further from the reference, "For the majority of surgeons at this time, tendon interposition in its various forms has become the mainstay of surgical treatment of thumb carpometacarpal joint arthritis. Several tendons have been used to fill the defect left by excising the trapezium. The most commonly used ones include the palmaris longus, 24 abductor pollicis longus, 25, 26 and flexor carpi radialis." As stated above, the patient has been noted to have failed reasonable conservative management, including bracing and specific medical management. Even though, the patient has not undergone a steroid injection, based on the level of pain, effect on function and the severity documented in exams and radiographic study, left CMC arthroplasty should be considered medically necessary and is consistent with standard of care. As pointed out by the requesting surgeon, the UR denial rationale was based on joint replacement and not the requested arthroplasty.