

<b>Case Number:</b>	CM15-0183187		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	05/21/2015
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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 57 year old female, who sustained an industrial-work injury on 5-21-15. A review of the medical records indicates that the injured worker is undergoing treatment for right thumb pain. Medical records dated (7-9-15 to 8-13-15) indicate that the injured worker complains of right thumb pain and hand pain. The pain is rated 2-5 out of 10 on the pain scale. The symptoms persist without much relief from injections. The medical records also indicate worsening of the activities of daily living. Per the treating physician, report dated 7-9-15 the injured worker has returned to work. The physical exam dated 8-13-15 reveals that the grip strength on the right is 20 as compared to 40 on the left and pinch strength on the right is 5 as compared to 10 on the left. There is tenderness over the trapeziometacarpal joint. Treatment to date has included pain medication, thumb injections x 2 (7-9-15 and 7-23-15) without relief of symptoms, thumb Spica splinting, work restrictions and other modalities. The medical record dated 6-5-15 the physician indicates that x-ray of the right hand reveals "the first phalanx appears to have some medial displacement that is not visible on clinical exam. There appears to be a disruption at the head of the first metacarpal, unlikely a fracture but possibly a ligament tear consistent with medial displacement of the first proximal phalanx." The request for authorization date was 8-14-15 and requested services included Right thumb interposition arthroplasty, thumb orthosis and Post-op Physical therapy x 6 sessions. The original Utilization review dated 8-26-15 non-certified the request as per the guidelines there was no indication in the documentation that there was preservation of collateral ligaments, sufficient bone support, and intact or reconstructable extensor tendons. Therefore, medical necessity was not established. The request

for thumb orthosis is non-certified as the concurrently requested surgery was not medically necessary; therefore, the subsequent request for thumb orthosis is not medically necessary. The request for Post-op Physical therapy x 6 sessions was non-certified as the concurrently requested surgery was not medically necessary; therefore, the subsequent request for Post-op Physical therapy x 6 sessions was not medically necessary.

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

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

#### **Right thumb interposition arthroplasty; thumb orthosis: 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 and Hand - Arthroplasty, finger and/or thumb (joint replacement).

**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 and Other Medical Treatment Guidelines 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 57 year old female with signs and symptoms of significant right thumb CMC arthritis that has failed extensive conservative management of splinting, medical management, activity modification and steroid injections (2). She has decreased grip strength and pain that affects her function adversely. Recent radiographic evaluation by the requesting surgeon is stated to show signs of moderate osteoarthritis of the right thumb CMC joint. Based on the available documentation, the patient is a candidate for surgical treatment. ACOEM guidelines do not specifically address surgical treatment for CMC arthritis but ODG does as noted above. Part of the procedure involves trapeziectomy which is recommended by ODG. From ODG, Trapeziectomy is recommended 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). From 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." This recommended therapy has been well documented. In addition, from the above article from Cook, "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." Thus, as the patient has failed conservative management, surgical treatment is indicated. Trapeziectomy is part of a recommended procedure from ODG and thus, should be considered medically necessary. In addition, a thumb orthosis should be considered a necessary part of the operative procedure and postoperative care and should be considered medically necessary. With respect to the UR denial, it appears that the rationale for non-certification was based on total joint arthroplasty and thus should not be considered relevant to this determination. The requested surgical intervention is a well-recognized procedure as documented in the ODG and peer review article. Therefore, the requested treatment is medically necessary.

**Post-op Physical therapy x 6 sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

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

**Decision rationale:** As the procedure was considered medically necessary, postoperative physical therapy should be necessary based on the following guidelines: Arthropathy, unspecified (ICD9 716.9): Postsurgical treatment, arthroplasty/fusion, wrist/finger: 24 visits over 8 weeks; Postsurgical physical medicine treatment period: 4 months. Therefore, 6 visits would be consistent with the guidelines and should be considered medically necessary.