

Case Number:	CM15-0186766		
Date Assigned:	10/02/2015	Date of Injury:	09/28/2010
Decision Date:	11/16/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/22/2015

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 patient is a 61 year old female with chronic left thumb pain and stiffness with stated radiographic findings of left thumb CMC moderate to severe degenerative arthritis. Multiple examinations confirmed the presence of pain and stiffness with loss of grip strength that is adversely affecting her function. Conservative management of the left thumb pain has included activity modification, thumb spica splint, non-prescription analgesia, home exercise program, and a limited response to steroid injection. CMC interpositional arthroplasty was requested. The patient also complains of chronic pain overlying the 1st and 2nd dorsal extensor compartments. Her diagnoses include DeQuervain's tenosynovitis with positive Finkelstein's and intersection syndrome of the left hand. Conservative management has included splinting, medical management, home exercise program, activity modification and steroid injections (given to the 1st dorsal compartment on 1/8/15 and given to the intersection syndrome on 3/6/15). A request was made for 1st dorsal compartment release and second compartment release. Authorization for the procedures was denied stating that there is no evidence of dates and response to injection therapy, PT notes or bracing. There is no imaging provided to demonstrate evidence of the pathology. In addition, the UR denial included guidelines related to total joint replacement, which is not requested for this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Basal Joint 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 (ODG) 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 well-documented to have signs and symptoms of left thumb CMC arthritis that is painful and adversely affecting function. Extensive conservative management has been provided over this past year to include activity modification, thumb spica splint, non-prescription analgesia, home exercise program, and a limited response to steroid injection. This has not improved her condition. Radiographic findings, although only stated, are supportive of this condition. From the 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. Thus, as the patient has failed conservative management, surgical treatment is indicated. Trapeziectomy is part of a recommended procedure from ODG. The tendon transfer, although not specifically recommended, is used to increase the stability of the arthroplasty following Trapeziectomy. The patient does have documented evidence of subluxation and thus, it is medically necessary to undergo the Trapeziectomy arthroplasty with tendon transfer. With respect to the UR denial, it appears that the contraindications stated with respect to joint instability are related to total joint arthroplasty, not the arthroplasty presented for this patient. The planned arthroplasty does not rely on the inherent stability of the joint and is a well-recognized procedure as documented in the ODG and peer reviewed article. In addition, based on the medical records provided for this review, the other concerns of the UR with respect to radiographic findings and conservative management has been satisfied. Therefore, the request is medically necessary.

First Dorsal Compartment Release: 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) Arthroplasty, finger and/or thumb (joint replacement).

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

Decision rationale: The patient has signs and symptoms of DeQuervain's tenosynovitis that has failed conservative management of documented steroid injection, activity modification, splinting and medical management. From ACOEM page 271, the majority of patients with DeQuervain's syndrome will have resolution of symptoms with conservative treatment. Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option for treating DeQuervain's tendinitis. From page 272, Table 11-7, the following is recommended: Initial injection into tendon sheath for clearly diagnosed cases of DeQuervain's syndrome, tenosynovitis, or trigger finger. Therefore, with failure of conservative management and a steroid injection, the procedure should be considered medically necessary. The UR denial stated that there was a lack of conservative management documented. However, this was provided in the medical records reviewed. Therefore, the request is medically necessary.

Intersection Second Compartment Release: 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) Arthroplasty, finger and/or thumb (joint replacement).

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

Decision rationale: The patient has signs and symptoms of intersection tenosynovitis that has failed conservative management of documented steroid injection, activity modification, splinting and medical management. This should be considered in a similar light as DeQuervain's tenosynovitis, as intersection syndrome involves a tenosynovitis. From ACOEM page 271, the majority of patients with DeQuervain's syndrome will have resolution of symptoms with conservative treatment. Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option for treating DeQuervain's tendinitis. From page 272, Table 11-7, the following is recommended: Initial injection into tendon sheath for clearly diagnosed cases of DeQuervain's syndrome, tenosynovitis, or trigger finger. Therefore, with failure of conservative management and a steroid injection, the procedure should be considered medically necessary. The UR denial stated that there was a lack of conservative management documented. However, this was provided in the medical records reviewed. Therefore, the request is medically necessary.