

Case Number:	CM15-0188576		
Date Assigned:	09/30/2015	Date of Injury:	11/16/2013
Decision Date:	11/12/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/24/2015

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 36 year old female, who sustained an industrial injury on 11-16-13. Current diagnoses or physician impression includes right thumb CMC joint pain, post arthroscopic stabilization, right thumb CMC instability and degeneration, and right medial epicondylitis. Her work status is temporary total disability. A note dated 8-20-15 reveals the injured worker presented with complaints of right thumb pain. Physical examinations dated 7-9-15 and 8-20-15 revealed "significant tenderness at the right thumb CMC (carpometacarpal) joint with a positive CMC grind test, crepitus and instability". Treatment to date has included cortisone injections, physical therapy, anti-inflammatories, splinting, arthroscopic stabilization, which have not provided relief per note dated 8-20-15. An ultrasound revealed the CMC joint is stable and a narrowing of the joint space, per physician note dated 4-30-15. A request for authorization dated 8-20-15 for right thumb cmc arthroplasty with tendon transfers is denied, per Utilization Review letter dated 8-24-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right thumb 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).

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 36 year old female with chronic right thumb pain that has failed extensive conservative management of NSAIDs, splinting, physical therapy, cortisone injection, activity modification and attempted arthroscopic repair with failure. Physical examination confirms the presence of painful CMC arthritis that is adversely affecting her function. She has a positive grind test, crepitus and instability. Her radiographic studies and arthroscopic analysis are stated to support thumb CMC arthritis and instability. ACOEM does not specifically address thumb CMC arthritis, but ODG does. 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. 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." The patient has satisfied these recommended treatments. 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 extensive conservative management and that her examination and radiographic studies support the diagnosis, 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 instability and thus, it is medically necessary to undergo the trapeziectomy arthroplasty with tendon transfer. With respect to the UR denial, it appears that the guidelines used for non-certification pertain to total joint replacement and not the requested arthroplasty. Therefore, as the requested procedure is a well-recognized procedure as documented in the ODG and peer review article, it is medically necessary.