

Case Number:	CM15-0201705		
Date Assigned:	10/16/2015	Date of Injury:	12/11/2014
Decision Date:	12/01/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/13/2015

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: Oregon
 Certification(s)/Specialty: Plastic Surgery, Hand 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:

This is a 39 year old male with a date of injury on 12-11-14. A review of the medical records indicates that the injured worker is undergoing treatment for left hand injury closed fracture at the base of the left thumb. Progress report dated 9-28-15 reports continued complaints of significant pain at the base of the left thumb with increased pain with pinching or grasping with the left thumb. Physical exam: mild to moderate TMC (trapeziometacarpal) joint tenderness, moderate mild limitation with range of motion, mild swelling and crepitus at the IP joint, no IP joint or MCP joint tenderness. Treatments include: medication, physical therapy, occupational therapy, osteotomy and ORIF of left thumb metacarpal fracture and second surgery for pin removal. Request for authorization dated 9-28-15 was made for General arthroplasty left thumb TMC resection with mini tightrope procedure, Pre-op Clearance, Pre-op Lab: CBC, Pre-op Lab: PT-PTT-INR, Pre-op Lab: Chem 7, Pre-op EKG, Pre-op Chest X-ray, Keflex 500 mg quantity 28, Tylenol 3 quantity 30, Norco 10-325 mg quantity 30, Pre-op History & Physical, Post-op Occupational Therapy 3 times a week for 4 weeks. Utilization review dated 10-7-15 non-certified the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

General arthroplasty left thumb, TMC resection w/mini tightrope procedure: 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 (updated 6/29/15), 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, arthroplasty and Other Medical Treatment Guidelines J Hand Surg Eur Vol. 2012 Dec 6. Long term outcome of trapeziectomy with ligament reconstruction/tendon interposition versus thumb basal joint prosthesis. Vandenberghe L, Degreef I, Didden K, Fiews S, De Smet L.

Decision rationale: The procedures are medically necessary. The patient has end-stage CMC arthritis. Splinting and analgesics are generally effective for stage I and II CMC arthritis, but this patient has stage III arthritis with collapse of her joint and osteophytes. Her symptoms are unrelieved with analgesics. Splinting and steroid injections have provided only transient improvement. According to Green's Operative Hand Surgery, "Non-operative treatment includes anti-inflammatory medication, intra-articular corticosteroid injection, hand- or forearm- based thumb spica splint immobilization, and thenar muscle isometric conditioning. Although none of these measures may provide permanent or even long-lasting relief from symptoms, they may indeed provide temporary relief and, in so doing, allow the patient a more active role in participating in the acceptance and timing of surgical intervention-Ligament reconstruction tendon interposition (LRTI) is designed to eliminate painful degenerative articulations and reconstruct the volar beak ligament. Excellent results are maintained at long-term follow-up. There are few complications, and revisions are rarely required. Potential loss of height may occur despite interposition and ligament reconstruction, but this is of questionable clinical relevance. Stages II, III, and IV disease are relative indications for LRTI." Splinting may transiently improve her condition, but it will not cure her arthritis, and the standard of care for stage III CMC arthritis is removal of the trapezium and suspension with the FCR or APL tendon. According to the ODG guidelines, in our series, total joint arthroplasty of the thumb CMC joint has proven to be efficacious with improved motion, strength, and pain relief for the treatment of stage III and early stage IV osteoarthritis of the CMC joint in older patients with low activity demands. According to a 2012 study by Vandenberghe et al, "we recommend the trapeziectomy with ligament reconstruction and tendon interposition as opposed to arthroplasty as the first choice in the treatment of basal joint osteoarthritis of the thumb." The medical literature, ODG guidelines and Green's Operative Hand Surgery support the medical necessity for CMC arthroplasty for this patient.

Pre-op Clearance: 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), Low Back Chapter Lumbar & Thoracic (Acute & Chronic), preoperative testing general.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

Decision rationale: Per ODG: "Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings" There is insufficient evidence to support routine preoperative medical clearance prior to straightforward hand surgery procedures. The hand surgeon can perform a history and physical and refer the patient for preoperative clearance if the history and physical detects any medical issues.

Pre-op Lab: CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter Lumbar & Thoracic (Acute & Chronic), preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

Decision rationale: ODG-TWC, Low Back updated 5/15/15 states: "Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings" In this case, the records indicate that the patient does not have any medical problems. His past medical history is negative. He is not on any medications. The planned surgery is low-risk and straightforward. Blood tests are not indicated.

Pre-op Lab: PT/PTT/INR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter Lumbar & Thoracic (Acute & Chronic), preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

Decision rationale: ODG-TWC, Low Back updated 5/15/15 states: "Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings" In this case, the records indicate that the patient does not have any medical problems. His past medical history is

negative. He is not on any medications. The planned surgery is low-risk and straightforward. Blood tests are not indicated.

Pre-op Lab: Chem 7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter Lumbar & Thoracic (Acute & Chronic), preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

Decision rationale: ODG-TWC, Low Back updated 5/15/15 states: "Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings" In this case, the records indicate that the patient does not have any medical problems. His past medical history is negative. He is not on any medications. The planned surgery is low-risk and straightforward. Blood tests are not indicated.

Pre-op EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter Lumbar & Thoracic (Acute & Chronic), preoperative electrocardiogram (ECG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

Decision rationale: Per ODG: Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. In this case, the records indicate that the patient does not have any medical problems. His past medical history is negative. He is not on any medications. The planned surgery is low-risk and straightforward. This patient is undergoing a low risk procedure and does not have any documented cardiac risk factors. EKG is not medically necessary.

Pre-op Chest X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter Lumbar & Thoracic (Acute & Chronic), preoperative testing general.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

Decision rationale: Per ODG: Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. This patient is undergoing a low risk procedure and does not have any documented pulmonary risk factors. CXR is not indicated.

Keflex 500mg #28: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/17210420.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Hand Surg Am. 2011 Nov;36(11):1741-7. doi: 10.1016/j.jhsa.2011.08.005. Epub 2011 Oct 5. Assessing the impact of antibiotic prophylaxis in outpatient elective hand surgery: a single-center, retrospective review of 8,850 cases. Bykowski MR1, Sivak WN, Cray J, Buterbaugh G, Imbriglia JE, Lee WP. Orthopedics. 2012 Jun;35(6):e829-33. doi: 10.3928/01477447-20120525-20. Is antibiotic prophylaxis necessary in elective soft tissue hand surgery? Tosti R1, Fowler J, Dwyer J, Maltenfort M, Thoder JJ, Ilyas AM.

Decision rationale: According to a study by Bykowski et al, "Given the potential harmful complications associated with antibiotic use and the lack of evidence that prophylactic antibiotics prevent SSIs, we conclude that antibiotics should not be routinely administered to patients who undergo clean, elective hand surgery." Perioperative antibiotics are not indicated for this clean case.

Tylenol #3 #30: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, and Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Per ACOEM, Initial Approaches to Treatment, page 47 and 48, OPIOIDS: Opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. Opioids cause significant side effects, which the clinician should describe to the patient before prescribing them. Poor patient tolerance, constipation, drowsiness, clouded judgment, memory loss, and potential misuse or dependence have been reported in up to 35% of patients. Patients should be informed of these potential side effects. This patient is undergoing surgery and is anticipated to have short term acute pain.

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, and Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Per ACOEM, Initial Approaches to Treatment, page 47 and 48, OPIOIDS: Opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. Opioids cause significant side effects, which the clinician should describe to the patient before prescribing them. Poor patient tolerance, constipation, drowsiness, clouded judgment, memory loss, and potential misuse or dependence have been reported in up to 35% of patients. Patients should be informed of these potential side effects. This patient is undergoing surgery and is anticipated to have short-term acute pain. Tylenol #3 is already authorized. He does not require two narcotics for treatment. Norco is not required.

Pre-op History & Physical: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter Lumbar & Thoracic (Acute & Chronic), preoperative testing general.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

Decision rationale: ODG supports a history and physical by the hand surgeon prior to surgery. ODG-TWC, Low Back updated 5/15/15 states: "Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings." The surgeon should perform a detailed history and physical with further workup depending on the results of this exam. The consult notes indicate that the patient is generally healthy.

Post-op Occupational Therapy 3 times a week for 4 weeks: 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: Per MTUS, post surgical therapy guidelines: Arthropathy, unspecified (ICD9 716.9): Postsurgical treatment, arthroplasty/fusion, wrist/finger: 24 visits over 8 weeks
*Postsurgical physical medicine treatment period: 4 months In this case, the request for 12 visits falls well within the accepted therapy guidelines. The surgeon plans a CMC arthroplasty. This is generally a painful procedure with a prolonged recovery. Therapy is indicated to restore function.