MAXIMUS Federal Services

Case Number:	CM15-0084856		
Date Assigned:	05/07/2015	Date of Injury:	03/15/2013
Decision Date:	07/15/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/04/2015

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: Minnesota, Florida
Certification(s)/Specialty: Orthopedic 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 62 year old female injured worker suffered an industrial injury on 03/15/2013. The diagnoses included left and right thumb degenerative joint disease. The diagnostics included bilateral thumb x-rays. The injured worker had been treated with medications, bracing and cortisone injections. On 3/31/2015 the treating provider reported she had failed conservative therapies. The injured worker had a second opinion that recommended arthroplasty. The treatment plan included left basal joint arthroplasty with FCR Transfer to 1st Metacarpal, authorization required for durable medical equipment/implants provided by surgery center (not specified), pre-operative testing: EKG, post-operative therapy, and post-operative custom thermoplastic splint fabrication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left basal joint arthroplasty with FCR Transfer to 1st Mefacarpal: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hand.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Forearm, wrist, and hand; Topic: Trapeziectomy.

Decision rationale: ODG guidelines recommend basal joint arthroplasty in the form of trapeziectomy for carpometacarpal arthritis of the thumb. It is safer and has fewer complications than the other procedures. Conversely, those who underwent trapeziectomy with ligament reconstruction and tendon interposition had 11% more complications including scar tenderness, tendon adhesions or rupture, sensory change, or complex regional pain syndrome. A number of studies have demonstrated the effectiveness of trapeziectomy with Kirschner wire fixation also known as hematoma and distraction arthroplasty with almost universal postoperative pain relief and many demonstrating improved strength. The development of a robust scar in the trapezial void cushions the thumb metacarpal against the scaphoid and trapezoid. The injured worker has evidence of severe osteoarthritis of the CMC joint of the thumbs with associated subluxation. Conservative treatment has been tried and failed. As such, trapeziectomy is indicated and supported by guidelines. However, with regard to the flexor carpi radialis transfer, a randomized single blind trial of simple trapeziectomy versus trapeziectomy and flexor carpi radialis suspension was published in the Journal of Hand Surgery Europe 2007; 32 E: 462-466. The authors conclusions were that there appears to be no benefit to suspension with a FCR sling after trapeziectomy. However, the difference in the number of complications is too small to be significant and both procedures are effective in relieving pain. Although the guidelines prefer simple trapeziectomy, the FCR suspension method is not a contraindication. As such, the request is supported and the medical necessity of the request has been substantiated.

Associated surgical service: MicroMite Suture Anchor to be supplied by Surgery Center.: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Forearm, wrist, and hand; Topic: Trapeziectomy.

Decision rationale: The suture anchor is necessary for suturing the tendon to the bone. This is a part of the medically necessary surgical procedure of trapeziectomy. As such, the medical necessity of the suture anchor is established.

Pre-operative testing: EKG: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Pre-operative electrocadiogram.

Decision rationale: The injured worker is 62 years of age. Although co-morbidities are not listed, pre-operative electrocardiogram is supported. Therefore the request for pre-operative testing: EKG is medically necessary.

Post-operative therapy 3 times a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 19.

Decision rationale: California MTUS Postsurgical Treatment Guidelines indicate 24 visits over 8 weeks for postsurgical treatment, arthroplasty, and wrist/finger. The initial course of therapy is one half of these visits which is 12. Then with documentation of continuing functional improvement an additional course of 12 visits may be prescribed. The request as stated is for 18 visits which exceed the guideline recommendation of 12 visits. As such, the medical necessity of the request has not been substantiated.

Post-operative custom thermoplastic splint fabrication: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation ODG: Section: Forearm, wrist, and hand; Topic: Splint.

Decision rationale: With regard to the request for a fabricated plastic splint, the guidelines indicate higher patient satisfaction with splinting rather than casting. The surgery as requested necessitates postoperative use of a splint for 6 weeks. The provider has requested a molded thermoplastic splint which is appropriate. Therefore, this request is medically necessary.