

Case Number:	CM15-0087657		
Date Assigned:	05/11/2015	Date of Injury:	03/28/1996
Decision Date:	06/15/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/07/2015

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 injured worker is a 67 year old female, who sustained an industrial injury on 3/28/1996. The current diagnoses are right thumb carpometacarpal degenerative joint disease (end stage) with zig-zag deformity and status post right thumb surgery (5/22/1998). According to the progress reports, the injured worker complains of right thumb pain. The pain is rated 8/10 on a subjective pain scale. The current medications are Tramadol. Treatment to date has included medication management, splinting, injections, and surgical intervention. The plan of care includes right thumb surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right thumb surgery: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

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 injured worker is a 67-year-old female with date of injury of 3/28/1996. The requested procedure is right thumb surgery for end-stage degenerative joint disease of the CMC joint and zigzag deformity. There is a history of prior tendon interposition arthroplasty of the CMC joint with no indication of trapeziectomy in 1998. Although the operative report is not provided, the handwritten progress notes indicate that the flexor carpi radialis tendon was utilized for that purpose. The pain levels are extremely high and it is clear that the injured worker needs additional surgery. The postoperative examination in 1998 revealed a 1.5 cm scar on the volar radial aspect of the CMC joint of the thumb and a 5 mm incision over the volar wrist crease. This indicates that the trapeziectomy was not performed. An ultrasound examination of the right wrist dated 1/8/2015 has been submitted. The impression was CMC degenerative joint disease with 1+ effusion and spurring. The CMC joint was injected with corticosteroids on that day with 4-5 days of relief documented on a subsequent visit. The pain level was 8/10 on average and was reported to be constant. It improved with use of a thumb spica splint. On 1/26/2015 the provider requested complete trapeziectomy, tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single, each tendon; capsulodesis, metacarpal phalangeal joint, single digit, transfer or transplant of tendon, palmar, without free tendon graft, each tendon, insertion of wire or pin with application of skeletal traction, including removal, percutaneous skeletal fixation, and fluoroscopy. On April 2, 2015 diagnostic ultrasound again revealed similar findings and the joint was injected with corticosteroids. On a subsequent visit of 4/9/2015 the above surgery was again requested. The provider requested complete trapeziectomy, ligament reconstruction with tendon interposition, volar capsulodesis, extensor pollicis brevis to A1 tendon transfer, thumb metacarpal to index metacarpal pinning. ODG guidelines indicate trapeziectomy is recommended for carpometacarpal (CMC) arthritis. 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 other procedures. Those who underwent the trapeziectomy with ligament reconstruction and tendon interposition had 11% more complications. A number of studies have demonstrated the effectiveness of the trapeziectomy with Kirschner wire fixation also known as hematoma and distraction arthroplasty with almost universal postoperative pain relief and many demonstrating improved strength. Simple trapeziectomy with HDA is as effective as more complicated procedures. It also denervates the area and provides pain relief. Trapeziectomy alone has the lowest incidence of complications and the shortest operative time. The requested procedure is trapeziectomy with tendon graft, Kirschner wire fixation and ligament reconstruction, which is necessitated by the end stage osteoarthritis, zigzag deformity and the prior interposition arthroplasty. Although the provider is requesting a procedure, which has 11% more complications compared to a simple trapeziectomy, ODG guidelines still recommend the procedure. As such, the request for surgery is supported and is medically necessary.