

<b>Case Number:</b>	CM14-0116063		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	01/16/2014
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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. The expert reviewer is Board Certified in Plastic and Reconstructive Surgery and is licensed to practice in Maryland, Virginia, and North Carolina. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 53 years old female with a reported date of injury on 1/16/14 who requested right thumb carpometacarpal (CMC) arthroplasty with tendon transfer. She is noted to have initially suffered a right thumb/wrist sprain while at work. She was treated with medical management and splinting. She was referred to hand surgery for further evaluation as her symptoms progressed. Conservative management consisted of continued medical treatment with NSAIDs and narcotics, splinting and cortisone injection for her right CMC pain over a 6 month period. Examination noted a positive CMC grind test on the right thumb, with crepitus, instability and tenderness. X-rays documented a progression of degenerative changes of the right thumb CMC joint. Recommendation was made for right thumb CMC arthroplasty with trapezium resection and tendon transfer. UR review dated 7/10/14 did not certify the procedure, stating that a lack of joint stability in this patient is a contraindication to joint arthroplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right thumb carpometacarpal arthroplasty with tendon transfers:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition Chapter: Forearm, Wrist, and Hand

**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. Other Medical Treatment Guideline or Medical Evidence: 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 53 year old female with a well-documented picture of a painful right thumb CMC arthritis that has progressed despite reasonable conservative management and is supported by stated radiographic studies. Based on this, she is a candidate for surgical treatment. Part of the procedure involves trapeziectomy which is recommended by ODG. From 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). As documented in 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 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 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 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 review article.