

Case Number:	CM14-0127762		
Date Assigned:	08/15/2014	Date of Injury:	03/13/2014
Decision Date:	09/19/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/12/2014

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 62 year old female with a reported date of injury on 3/13/14 who requested authorization for right 1st CMC arthroplasty. Documentation from 4/7/14 notes that the patient has progressive pain involving both hands and wrists, with the right side greater in severity. The patient is currently on an NSAID for other reasons. Worksite modifications have been attempted. The patient has been using Salonpas to the hands and wrists with moderate relief. She is noted to have a previous negative reaction to cortisone and steroids. Medications include glipizide, metformin and diltiazem. Examination notes tenderness of the right wrist radial side. Finkelstein's test is positive. Full range of motion is noted at the thumb and wrist. Relatively good hand strength is noted bilaterally. X-ray reports normal findings. The patient is diagnosed with DeQuervain's tenosynovitis bilaterally. The patient was fitted with a thumb spica splint. The patient is instructed on exercises and recommended for physical therapy. X-ray report of both hands from 4/7/14 notes normal examination. Joint spaces are unremarkable. Hand therapy visit from 4/21/14 notes the patient with soreness of the CMC joint and painful grind test and plans for treatment. Documentation from 5/5/14 notes chronic pain lessening in general. Hand therapy has helped. Examination notes pain exacerbated with thumb and wrist movements. Continued hand therapy was recommended as well as activity modification. Hand surgery evaluation from 7/3/14 notes pain in bilateral hands. She has been treated with physical therapy, ibuprofen, Salonpas, and splints. The patient complains of bilateral thumb CMC joint pain, more severe on the right, that occasionally wakes her up at night. The patient has a history of diabetes and supraventricular tachycardia. Stated X-ray findings note osteoarthritic change at the IP joints and CMC joints on both hands; right is more advanced than the left. Physical examination shows full range of motion of all of the joints in both thumbs. She is markedly tender over both CMC joints with a positive Grind test. No findings of DeQuervain's tenosynovitis. The patient is

noted to have bilateral thumb CMC joint osteoarthritis. She is noted to have had a severe reaction to previous steroid injection. She has undergone physical therapy, spints and ibuprofen. Recommendation was made for right thumb CMC arthroplasty. Surgery request includes interposition arthroplasty and tendon transfer. EKG, metabolic panel and postoperative physical therapy 2x3 was requested. Letter of appeal dated 8/12/14 notes that the patient had Xrays done in his office which clearly showed osteoarthritis. Her symptoms are localized well to the CMC joints. There are no other symptoms involved. Her physical examination clearly indicates that she has pain emanating from the CMC joints and no findings of de Quervain's on exam. Surgery is her only option. Utilization review dated 7/15/14 did not certify right 1st CMC arthroplasty as there is discrepant information as to both the localization of complaints and associated radiographic findings. There is the need for both clarification of the discrepant diagnoses and xray findings and the need for specific localized clinical findings relating to the diagnosis of CMC arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right 1st CMC Arthroplasty: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation (ODG) Forearm, wrist and hand, Trapeziectomy.

Decision rationale: The patient is a 62 year old female with continued pain of the right wrist that has been treated with non-operative management. Follow-up from the primary treating physician had shown some improvement. Previous right wrist radiographic study was documented as a normal study. Documentation from the requesting surgeon noted right CMC osteoarthritis that had failed non-operative management including splinting, NSAIDs and physical therapy. X-ray study performed of the right thumb CMC was stated as showing osteoarthritis. As stated by the utilization reviewer, there was a discrepancy in the results from the initial x-ray report and the stated x-ray findings from the requesting surgeon. The requesting surgeon responded to this discrepancy, by stating that the patient has clear osteoarthritis of the right thumb CMC joint from the X-rays he had personally performed. However, detail with respect to the exact nature and severity of the osteoarthritis is lacking. No comment was made with respect to joint space narrowing, destruction of the joint surfaces, subluxation of the CMC joint or other deformity. No formal radiographic report was provided to support the claim of the requesting surgeon. From ACOEM, Forearm, Wrist and Hand complaints, page 270. Referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature, Fail to respond to conservative management, including worksite modifications, Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. The patient appears to have failed to respond to conservative management, but without exact detail to the radiographic studies and formal x-ray report, the patient is not been shown to have clear evidence of a surgically correctible right

thumb CMC osteoarthritis. In addition, the hand surgeon has requested interpositional arthroplasty and tendon transfer. This is directly addressed from ODG, Forearm, wrist and hand, trapeziectomy: 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) Thus, even if the patient was shown to have significant right thumb CMC osteoarthritis supported by detailed radiographic analysis and formal X-ray report, the recommended procedure is trapeziectomy as outlined by ODG. Thus, 1st CMC arthroplasty with interpositional arthroplasty and tendon transfer for this patient has not been shown to be medically necessary.

EKG and Metabolic Panel: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Occupational Therapy x6: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.