

<b>Case Number:</b>	CM14-0153149		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	01/20/2012
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Orthopedic Surgery and is licensed to practice in California. 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:

This 49-year-old female advanced clinician sustained an industrial injury on 1/20/12. The injury occurred when a patient grabbed her right wrist and bent it backwards, hyperextending her arm. Past surgical history was positive for right carpal tunnel release and right radial neurolysis on 2/15/13. The injured worker underwent a right thumb carpometacarpal (CMC) reconstruction on 4/27/12, and right thumb metocarpophalangeal (MP) fusion on 12/6/13. The 6/10/14 right thumb x-rays showed partial radiographic fusion at the MP joint with intact K-wires and tension band wire. It also showed previous trapezium excision with proximal migration of the thumb metacarpal. The 9/2/14 treating physician report cited increased burning, tingling and pain in the right thumb and CMC instability with use. Physical therapy aggravated her symptoms. There was soreness noted over the right thumb interphalangeal joint. The thumb MP joint was non-tender. Right thumb exam documented multiple healed scars at the base, stable and non-tender MP joint, and right CMC grind test with grinding and clicking. The proximal metacarpal of the right thumb is prominent, consistent with basilar thumb instability. Lateral pinch strength was 7 pounds right and 15 pounds left. Pinch strength was 5 pounds right and 13 pounds left. The injured worker sustained a traumatic injury to her right thumb CMC joint that was treated with ligament reconstruction tendon interposition arthroplasty. She returned to work and was reinjured. She underwent a revision basilar thumb procedure which loosened with time. There was recurrent instability, pain, and proximal migration of the thumb metacarpal. She developed secondary thumb MP instability that resolved with arthrodesis. Conservative treatment included extensive hand therapy, splinting, and medication without relief of symptoms. The patient underwent a second opinion evaluation with recommendation for revision CMC arthroplasty. The 9/10/14 utilization review denied the request for right thumb surgery and assistant surgeon

as there was no clear documentation of 6 months of conservative treatment and there were no imaging studies submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Assistant surgeon:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Centers for Medicare and Medicaid services, Physician Fee Schedule

**Decision rationale:** The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT Code [REDACTED] there is a "2" in the assistant surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary.

**Revision right thumb stabilization and graft with tight rope and fusion lata allograft:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**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 & Hand, Arthrodesis (fusion); Arthropathy

**Decision rationale:** The California MTUS guidelines do not provide recommendations for this procedure. The Official Disability Guidelines recommend thumb stabilization procedures for patients with post-traumatic arthritis. Surgery may be indicated in young patients in whom heavy loading is likely; in joints with a fixed, painful deformity, instability, or loss of motor; and in the salvage of failed implant arthroplasty. Guideline criteria have been met. This patient underwent right thumb metocarpophalangeal fusion on 12/6/13 following failure of a ligament reconstruction and arthroplasty. This resolved her MP instability. There is radiographic evidence of proximal migration of the thumb metacarpal with clinical findings of positive carpometacarpal grind test and instability. Significant functional limitation is noted. Revision surgery has been recommended to improve function and allow return to work. Evidence of at least 6 months of a

recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.