

Case Number:	CM14-0180072		
Date Assigned:	11/04/2014	Date of Injury:	12/01/1998
Decision Date:	12/09/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/29/2014

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 & Reconstructive Surgery, and is licensed to practice in Maryland, Virginia & 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 52 year old female with a reported date of injury on 12/1/98 who requested authorization for treatment of her left thumb CMC joint arthrosis and pain. Previous non-operative treatment included multiple steroid injections, medical management and bracing. Examination noted moderately, severe tenderness of the left CMC joint and signs/symptoms of left carpal tunnel syndrome. X-rays note CMC joint subluxation and joint space narrowing, which is a progression of her disease. Recommendation was made for surgical treatment of her left CMC joint, as well as left carpal tunnel release. Request for authorization dated 9/29/14 was for left thumb CMC arthroplasty, left index ligament reconstruction, left carpal tunnel release and 12 hand therapy visits. UR dated 10/15/14 did not certify hand tendon transplant as the request was clarified to designate the appropriate surgery. The request was modified to a left thumb ligament reconstruction with flexor carpi radialis tendon transplantation (instead of a left index finger reconstruction) which was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand tendon transplant: Upheld

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 Official Disability Guidelines (ODG) Forearm, Wrist and Hand, Trapeziectomy, 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 - page 1-9.

Decision rationale: The patient is a 52 year old female with a well-documented painful left carpometacarpal arthritis that has failed conservative management and is supported by 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: 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). As documented in the above article from Cook et al. "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. In the UR, the requesting surgeon had clarified the request for ligament reconstruction of the thumb and not the index finger. This is part of standard surgical treatment for left thumb CMC arthritis as documented above. Thus, the modification provided in the utilization review is medically necessary; whereas the request for left index finger reconstruction should not be considered medically necessary. As such, hand tendon transplant should not be considered medically necessary, as the planned procedure is actually a tendon transfer/graft. In summary, this is consistent with the findings of the utilization review.