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| Case Number: | CM14-0036377 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 08/14/2006 |
| Decision Date: | 01/02/2015 | UR Denial Date: | 03/21/2014 |
| Priority: | Standard | Application Received: | 03/25/2014 |

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 Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Oregon. 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 female had undergone a right thumb arthroplast with trapezium excision. She had persistent pain following this procedure as well as pain in the sensory branch of the radial nerve. On 6/2/14, her surgeon performed right first metacarpal suspension arthroplasty and exploration of radial nerve with burial of neuroma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand surgery-outpatient right suspensiion arthroplasty metacarpophalangeal (MCT) joint right/release first dorsal compartment right wrist/right neurolysis radial nerve.:

Overtured

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

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

Decision rationale: The patient had persistent pain following a trapeziectomy. She required a suspension arthroplasty to treat her pain. According to Green's Operative Hand Surgery, "Ligament reconstruction tendon interposition (LRTI) is designed to eliminate painful

degenerative articulations and reconstruct the volar beak ligament. Excellent results are maintained at long-term follow-up. There are few complications, and revisions are rarely required. Potential loss of height may occur despite interposition and ligament reconstruction, but this is of questionable clinical relevance. Stages II, III, and IV disease are relative indications for LRTI. "CMC joint has proven to be efficacious with improved motion, strength, and pain relief for the treatment of stage III and early stage IV osteoarthritis of the CMC joint in older patients with low activity demands. According to a 2012 study by Vandenberghe et al, "we recommend the trapeziectomy with ligament reconstruction and tendon interposition as opposed to arthroplasty as the first choice in the treatment of basal joint osteoarthritis of the thumb." The medical literature, ODG guidelines and Green's Operative Hand Surgery support the medical necessity for CMC arthroplasty for this patient. Treatment of the neuroma was medically necessary. According to ODG nerve repair, "Recommend nerve reconstructive surgery by repair or graft for lacerated nerves. After nerve injury function is lost and the nerve ends will separate. Only if the nerve is surgically repaired soon after injury will it be possible to avoid using nerve grafts to span a gap between the cut nerve ends" This patient had a lacerated nerve, and treatment of the neuroma was indicated to relieve the chronic pain.