

<b>Case Number:</b>	CM15-0008854		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	05/05/2009
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: Maryland, Virginia, North Carolina  
Certification(s)/Specialty: Plastic Surgery

### 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 injured worker is a 58 year old female, who sustained an industrial injury on May 5, 2009. The injured worker has reported left hand and wrist pain. The diagnoses have included closed metacarpophalangeal dislocation, De Quervain's and sleep disturbance. Treatment to date has included pain management and two failed trapeziometacarpal joint resection arthroplasties. Current documentation dated December 8, 2014 notes that the injured worker had no significant improvement from the prior examination. The injured worker continued to have left wrist and hand pain with swelling. Range of motion, grip strength and sensation was noted to be decreased. On December 19, 2014 Utilization Review non-certified a request for a trapeziometacarpal joint revision arthroplasty with Mini Arthrex tight rope replacement to the left hand and wrist, noting there was not a thorough examination to support the need for revision. The MTUS, ACOEM Guidelines, were cited. On January 15, 2015, the injured worker submitted an application for IMR for review of request for a trapeziometacarpal joint revision arthroplasty with Mini Arthrex tight rope replacement to the left hand and wrist. Hand surgery note dated 9/23/14 documents the patient has significant pain in the base of the left thumb. Examination notes moderate swelling with crepitus at the base of the thumb. Has limited abduction of the left TMC joint and a positive grind test. Radiographs note severe TMC joint space narrowing with impingement of left thumb metacarpal on the scaphoid tuberosity. Recommendation was made for revision arthroplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TMC Revision Arthroplasty with Mini Arthrex Tight Rope Replacement to the Left Hand and Wrist: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation 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 - pp 1-9.

**Decision rationale:** The patient is a 58 year old female with 2 previous failed surgical treatments of left thumb CMC arthroplasty. The patient may have surgical indications for another revision. The patient has findings on physical examination and radiographs that suggest this may be an option. However, there is insufficient documentation of any failed conservative management. From ACOEM, 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. From the 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). Thus, surgical intervention may be an option for a revision. However, as reasoned above, there needs to be a clinical picture of failure of typical conservative measures prior to intervention, especially considering the previously failed surgical treatments. From Cook et al., "Not all patients with arthritis of the thumb carpometacarpal joint will require surgery. There are some patients with visible deformities and marked radiographic changes who are symptom free and require no treatment. The first step in relieving a symptomatic patient is adequate patient education regarding the cause of the pain and behavior modification to minimize pain production. Nonsteroidal anti-inflammatory medication can be added should the pain persist. If this is not enough to alleviate the symptoms, a custom-made short opponens splint can be fabricated to stabilize the carpometacarpal joint while still allowing the interphalangeal and/or the metacarpophalangeal joint to move. Finally, should splinting and nonsteroidal anti-inflammatory drugs prove ineffective in eliminating the pain, a steroid can be injected into the carpometacarpal joint." Thus, conservative measures are standard treatment prior to treatment of thumb CMC derangements. This has not been documented clearly in the medical documentation provided for this review. Thus, revisional surgery should not be considered medically necessary. However, if there is clear documentation of appropriate conservative measures, this can be reconsidered.

