

Case Number:	CM15-0015638		
Date Assigned:	02/03/2015	Date of Injury:	09/07/2010
Decision Date:	03/27/2015	UR Denial Date:	12/27/2014
Priority:	Standard	Application Received:	01/27/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic 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 64 year old female, who sustained an industrial injury on September 7, 2010. She has reported a repetitious use injury. The diagnoses have included osteoarthritis of the hand. Treatment to date has included medications, and radiological imaging. Currently, the IW complains of worsening left shoulder, left hand and cervical spine pain. Physical findings are noted as normal finger movements of the left hand, with no crepitus, no instability or laxity. The records indicate she has had trigger finger symptoms. The left shoulder is noted to have tenderness, and a decreased range of motion. On December 27, 2014, Utilization Review non-certified left trapezium implant with tendon grafting, based on ODG guidelines, and non-certification of 12 sessions of post-operative physical therapy for the left thumb, based on MTUS guidelines. On January 16, 2015, the injured worker submitted an application for IMR for review of 12 sessions of post-operative physical therapy for the left thumb, and left trapezium implant with tendon grafting. The disputed issue pertains to severe osteoarthritis of the CMC joint of the thumb confirmed on imaging studies for which surgery consisting of trapezium arthroplasty with tendon graft is requested. Utilization review used ODG guidelines pertaining to a wrist arthroplasty which is not recommended. However, CMC arthroplasty of the thumb is recommended by ODG. Resection arthroplasty of the CMC joint of the thumb for osteoarthritis has historically yielded good results in relieving pain. Interposition may consist of rolled up palmaris longus tendon. The procedure is described in detail in Wheelless Textbook of Orthopedic Surgery at www.wheelsonline.com/ortho/cmc_arthritis_resection_arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: 12 sessions of post-operative physical therapy for left thumb:
Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s):
19.

Decision rationale: The post-surgical treatment guidelines indicate 24 visits over 8 weeks for arthroplasty of CMC joint of the thumb. The initial course of therapy is one half of these visits which is 12. The request as stated is for 12 visits which is supported by guidelines and is appropriate and medically necessary.

Left trapezium implant with tendon grafting: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Section: Forearm, wrist, and hand, Topic: Arthroplasty, finger or thumb Wheelless Textbook of Orthopaedics, CMC Arthritis Resection Arthroplasty

Decision rationale: Per ODG guidelines a total joint arthroplasty of the thumb 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 all the patients with low activity demands. The indications for joint replacement include symptomatic arthritis with preservation of the collateral ligaments, sufficient bone support, and intact or reconstructable extensor tendons. CMC arthritis resection arthroplasty of the thumb historically has yielded good results in relieving pain. The disadvantages include thumb shortening and subsidence, weakness of pinch, and decreased ability to adduct the thumb. At the time of surgery the abductor pollicis longus is shortened by 1 cm and repaired. Interposition may consist of a rolled up palmaris longus. The disputed issue pertains to severe osteoarthritis of the CMC joint of the thumb confirmed on imaging studies for which surgery consisting of trapezium arthroplasty with tendon graft is requested. Utilization review used ODG guidelines pertaining to a wrist arthroplasty which is not recommended. However, CMC arthroplasty of the thumb is recommended by ODG. The procedure is described in detail in Wheelless Textbook of Orthopedic Surgery (www.wheelsonline.com/ortho/cmc_arthritis).