Case Number:	CM15-0112509		
Date Assigned:	06/19/2015	**Date of Injury:**	03/25/2015
Decision Date:	09/17/2015	**UR Denial Date:**	05/13/2015
Priority:	Standard	**Application Received:**	06/11/2015

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:

This 46 year old female sustained an industrial injury on 3/25/15. She subsequently reported left thumb pain. Diagnoses include closed fracture of base of thumb. Treatments to date include x-ray testing and prescription pain medications. The injured worker continues to experience left thumb pain. Upon examination, there is ecchymosis along the first webspace and the thenar eminence. There is evidence of chronic swelling at the base of the left thumb, the proximal phalanx as well as the middle phalanx. There is persistent ulnar deviation position of the proximal phalanx and the left thumb. There is tenderness to palpation over the metacarpophalangeal joint of the left thumb worse on the radial aspect that it is on the ulnar aspect. Range of motion is significantly decreased at the MP joint and the IP joint. A request for Left Repair Radial and Ulnar Collateral Ligaments at the Metacarpophalangeal Joint Distal Insertion, ORIF Left Thumb Proximal Phalanx Articular Fracture; Left Possible Fusion Thumb Metacarpophalangeal Joint with Autologous Bone Graft, Fluoroscopy, Left Short Arm Splint (for intraoperative use), Post-Operative Norco 5/325mg, #40 with 0 refills and Post-Operative Keflex 500mg, #12 with 0 refills was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Repair Radial and Ulnar Collateral Ligaments at the Metacarpophalangeal Joint Distal Insertion: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Book Chapter. Dislocations and Ligament Injuries in the Digits. Greg Merrell and Joseph F. Slade. Green's Operative Hand Surgery, chapter 9, 291-332.

Decision rationale: The patient is a 46 year old female who suffered a crush type injury of the left thumb on 3/25/15. Her injuries included a non-displaced intra-articular fracture of the left first proximal phalanx, trabecular bone injury of the first metacarpal, and sprains of the radial and ulnar collateral ligaments of the thumb metacarpophalangeal joint, she had been treated with conservative management of her injuries with a thumb-spica splint. These injuries were confirmed by MRI evaluation dated 4/24/15. Previous plain radiographs documented ulnar deviation of the proximal phalanx and the left thumb of approximately 20 degrees, an intra-articular fracture with a 2 mm gap at the articular surface of the proximal phalanx and on stress views, instability of the MP joint with ulnar deviation of approximately 35 degrees and increase in gap of the articular surface at the fracture site. Assessment was that the patient likely had a left thumb proximal phalanx articular fracture, proximal phalanx avulsion fracture radial collateral ligament tear, and left thumb ulnar collateral ligament tear. Treatment options were discussed including no surgery, attempted repair, or metacarpophalangeal joint fusion. The patient had selected repair. Based on the entirety of the medical documentation, the patient has findings suggestive of a possible radial collateral and ulnar collateal ligament tear with instability on stress. The patient had been treated with conservative management of appropriate splinting which is documented to have failed to treat her condition of instability and pain. Therefore, surgical treatment should be considered medically necessary on a relatively acute basis. 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 Green's Operative Hand surgery, 'Injuries to the RCL are substantially less common, but may be as debilitating as tears of the UCL.' Treatment is discussed: 'For complete acute tears, most authors now advocate early surgical repair as a more predictable way to achieve good results. For chronic instability without arthritic changes, surgical repair (when possible) or reconstruction (more likely) is necessary.' Therefore, as there is enough evidence of a radial collateral ligament injury and possible complete tear, operative intervention is medically necessary. The UR states that official imaging studies were not provided for review. However, official MRI results were provided for this review. The documentation did not provide sufficient evidence of subjective findings. However, based on the MRI findings and examination detail, this was provided. The documentation did not provide sufficient evidence of the efficacy of her current treatment regimen or failed conservative care. However, the patient had been placed in a continuous splint with failure of this treatment. Therefore, exploration and repair of the radial collateral and ulnar collateral ligaments should be considered medically necessary.

ORIF Left Thumb Proximal Phalanx Articular Fracture; Left Possible Fusion Thumb Metacarpophalangeal Joint with Autologous Bone Graft, Fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: The patient is a 46 year old female who suffered a crush type injury of the left thumb on 3/25/15. Her injuries include a non-displaced intra-articular fracture of the left first proximal phalanx, trabecular bone injury of the first metacarpal, and sprains of the radial and ulnar collateral ligaments of the thumb metacarpophalangeal joint, she had been treated with conservative management of her injuries with a thumb-spica splint. These injuries were confirmed by MRI evaluation dated 4/24/15. Previous plain radiographs documented ulnar deviation of the proximal phalanx and the left thumb of approximately 20 degrees. In intra-articular fracture with a 2 mm gap at the articular surface of the proximal phalanx and on stress views, instability of the MP joint with ulnar deviation of approximately 35 degrees and increase in gap of the articular surface at the fracture site. Assessment was that the patient likely had a left thumb proximal phalanx articular fracture, proximal phalanx avulsion fracture radial collateral ligament tear, and left thumb ulnar collateral ligament tear. Treatment options were discussed including no surgery, attempted repair, or metacarpophalangeal joint fusion. The patient had selected repair. As the requested treatment included possible MP joint fusion with possible bone graft, the procedures should not be considered medically necessary. The plan documented in the medical record only discussed this as an option which the patient declined. In addition, a salvage fusion should be considered only after a complete trial of conservative management including medical management, splinting and physical therapy. Only splinting had been documented. In addition, as the fracture had been treated non-operatively to date, allowing further time to see if there is primary bone healing may be beneficial as well. However, this could be reconsidered if the only request was for treatment of the articular fracture and not for MP fusion. 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.

Left Short Arm Splint (for intraoperative use): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7.

Decision rationale: As the procedure for radial and ulnar collateral ligament repair was considered medically necessary, a left short arm splint for intraoperative use should be considered medically necessary. From page 272, splinting is indicated for resting of strains of the forearm, wrist and hand. The surgical intervention can be considered a form of strain.

Post-Operative Norco 5/325mg, #40 with 0 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods Page(s): 77.

Decision rationale: As the procedure for radial and ulnar collateral ligament repair was considered medically necessary, acute postoperative pain is expected and should be treated with narcotic analgesia as requested. Therefore, Norco #40 should be considered medically necessary. From page 77, opioids: Initiating Therapy (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. Acute pain following surgical intervention is likely intermittent and thus Norco is consistent with these guidelines.

Post-Operative Keflex 500mg, #12 with 0 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Emedicine health, Online, Cephalexin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation A Prospective Trial on the Use of Antibiotics in Hand Surgery Aydin, Nihal; Uraloglu, Muhammed; Burhanoglu, Asu Deniz Yilmaz; Sensoz, Omer Less Plastic & Reconstructive Surgery. 126 (5): 1617-1623, November 2010.

Decision rationale: The procedure for radial and ulnar collateral ligament repair was considered medically necessary. However, there is no evidence that postoperative antibiotics are medically necessary. If there are any findings of postoperative infection, then this could be reconsidered. From the above reference, 'This study does not support the notion that the use of preoperative antibiotics over placebo in the types of wounds considered provides additional benefit, provided that the wound was managed appropriately with thorough surgical irrigation and debridement. We suggest that antibiotics should not be used routinely in hand surgery interventions and should be reserved for high-risk patients (e.g., those who are immunosuppressed) or for a specific infection identified by culture. We assume that when the matter of antibiotic use in hand surgery is assessed from this perspective, the incidence of resistant-organism adverse events will decrease, and the cost and length of hospital stays will lessen as well, therefore is not medically necessary.