

MATUTECH, INC.

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DATE OF REVIEW: JUNE 12, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left thumb metacarpophalangeal (MCP) joint fusion.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

The physician providing this review is an orthopedic surgeon. The reviewer is national board certified in orthopedic surgery. The reviewer is a member of the American Academy of Orthopedic Surgeons. The reviewer has been in active practice for 20 years.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Upheld the decision to deny at this time the left thumb metacarpophalangeal (MCP) joint fusion.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Insurance Company:

- Utilization reviews (04/05/07 & 05/02/07)

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a patient who sustained an injury to his left thumb when boxes tossed at him by a coworker struck him in the thumb.

A bone scan in May 2005 showed abnormal intake in the metacarpophalangeal (MCP) joint of the first digit of the left hand. Magnetic resonance imaging (MRI)

of the left thumb in November 2005 had been essentially normal, but an MRI in February 2005 revealed a tear of the ulnar collateral ligament (UCL).

On July 8, 2005, the patient underwent a repair of the left thumb UCL. Later, on February 24, 2006, M.D., performed a left trigger thumb release for the diagnosis of left trigger thumb. Tramadol was prescribed. The patient persisted with left thumb soreness and Dr. added the diagnosis of metacarpophalangeal (MCP) sprain. An MRI showed an intact collateral ligament with no evidence of volar plate tear. Ultram was refilled. A repeat bone scan was hot over the thumb MCP. The patient continued to be very painful over the radial sesamoid. A diagnosis of synovitis and tenosynovitis was made and Dr. proceeded with an excision of the radial sesamoid. Following this the patient was placed in a thumb spica splint and then therapy was provided with some improvement.

On February 14, 2007, M.D., performed a designated doctor evaluation (DDE) and noted the following: *Following the injury, physical therapy (PT) had been tried which aggravated his condition and he was immobilized in a short arm cast and a wrist support. Following the UCL repair in 2005, trigger point injections (TPIs) were administered with minimal relief leading to the subsequent surgeries – the patient had undergone a third unspecified surgery on August 25, 2006. He received an injection to the left thumb in December 2006.* Dr. placed the patient at clinical maximum medical improvement (MMI) with 4% whole person impairment (WPI) rating. He recommended continuation of over-the-counter medications, home exercises, and the brace. In March 2007, Dr. diagnosed bicipital tenosynovitis and recommended thumb MCP arthrodesis.

On April 5, 2007, a request for left thumb MCP joint fusion was denied. The rationale provided was: *Conflicting medical records with respect to medical necessity of this procedure. Patient was placed at maximum medical improvement (MMI) per a DDE with return to work and limited use of the left thumb. Attending M.D.'s notes reflect that the patient is refusing any fusion type surgery. Then one office note enclosed stated that the patient was ready for fusion surgery without explanation of how the conclusion was reached or the medical necessity for it.*

In May 2007, records indicated that the patient had dorsal capsular tear and injury to the lower plate and continued to have a mild laxity in the volar plate and pain. Surgeries had included debridement and synovectomy, capsular repair, and excision of the sesamoid and repair of the intersesamoid ligament with trigger thumb release. He had developed painful posttraumatic arthritis.

On May 2, 2007, an appeal request was denied stating that: *This [surgery] might be indicated after six months of conservative care. Records do not reflect imaging to support the diagnosis of arthritis. Additional information is needed. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines... the request is not indicated.*

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

I AGREE ENTIRELY WITH THE PREVIOUS REVIEW. THERE IS NO DOCUMENTATION OF NON-OPERATIVE TREATMENT. THERE IS NO RADIOGRAPHIC SUPPORT THAT THE PATIENT HAS A TRAUMATIC ARTHRITIS OF THE THUMB METACARPOPHALANGEAL JOINT. THERE IS ALSO CONFLICTING INFORMATION FROM A DESIGNATED DOCTOR EVALUATION IN FEBRUARY 2007 WHICH DETERMINED THE PATIENT TO BE AT MMI WITH 4% WHOLE PERSON IMPAIRMENT RATING.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)