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## Notice of Independent Review Decision

**DATE OF REVIEW:** 2/2/09

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Left First Carpometacarpal Joint Arthroplasty (25447), Left Thumb Tendon Transfer (25310), Left Thumb External Fixation (20690), Left Thumb Extensor Tendon Sheath Incision (25000), Procedure under Fluoroscopy (76000)

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

Certified by The American Board of Orthopaedic Surgery

### **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)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturned
		Prospective		See description above	Upheld

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Letter to Lumetra dated 1/23/09  
Determination letters dated 1/9/09 and 12/23/08  
Appeal letter dated 12/31/08

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Physician/Practitioner notes dated 12/11/08, 11/6/08, 8/27/08, 7/30/08, 7/8/08, 6/17/08, 5/27/08, 5/1/08, 4/17/08, 4/4/08, 1/24/08, 1/9/08, 11/29/07, 10/31/07, 10/2/07, 8/29/07, 8/7/07, 7/10/07

EMG/NCV reports dated 12/9/08, 8/15/07

Official Disability Guidelines (ODG) cited-Forearm, Wrist, & Hand (Acute & Chronic) (Not including "Carpal Tunnel Syndrome")

**PATIENT CLINICAL HISTORY:**

The medical records presented for review begin with the July 2007 evaluation noting that the claimant was tying bundles for six years and with a change to the work station developed thumb complaints. Radiographs at that time noted osteophyte formation and significant carpometacarpal (CMC) joint arthritis. The initial treatment was splinting and this worked "quite satisfactorily." No instability was noted. EMG noted a cubital and right carpal tunnel syndrome. The arthritic joints were injected with a steroid preparation.

The assessment evolved to a synovitis and superimposing osteoarthritis. The injections helped but "wore off." Additional injections were performed. The claimant underwent right thumb ligament reconstruction with tendon interposition (LRTI) and carpal tunnel syndrome release on 3/24/08. The contralateral thumb continued to be problematic.

The progress notes indicate that the injured employee fell while walking the dog and reinjured the digit. The injured employee was followed for the surgically treated right thumb and was noted to be doing quite well.

The November assessment noted the past treatment and the current state of the thumb and that a LRTI procedure for the left thumb is warranted. Repeat electrodiagnostic studies of 12/9/08, reported no evidence of polyneuropathy or cervical radiculopathy.

ODG was presented noting that to support the procedure specific imaging studies had to be presented and there could not be a lack of stability or non-reconstructable structures. In the December 31, 2008 appeal letter, a reference is made to a July 7, 2007 radiograph indicating a thumb arthritis. The treatment to date was outlined. It was noted that the claimant underwent a right thumb LRT arthroplasty and had done quite well. There appears to be a carpal tunnel syndrome based on electrodiagnostic assessment. The Reviewer noted that there was no clear, current objective and independently confirmable medical evidence presented.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

As per the Division mandated Official Disability Guidelines there is some support for this type of procedure. However, there are specific data points to be met and specific criteria to be obtained and objectified. Per the Reviewer, neither of these points are met, and it was noted that the clinical data is more than a year and a half old. As noted by the Division mandated Official Disability Guidelines updated December 20, 2008 for this procedure:

Recommended as indicated below. Prosthetic joint replacement is used to reduce pain and maintain function of the proximal interphalangeal joint. ([Pettersson, 2006](#)) In our series, 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 older patients with low activity demands. ([Badia, 2006](#))

Indications for joint replacement of the finger or thumb:

- Symptomatic arthritis of the proximal interphalangeal joint with preservation of the collateral ligaments
- Sufficient bone support
- Intact or at least reconstructable extensor tendons

Contraindications:

- Lack of stability, e. g., as a result of rheumatoid arthritis or destruction of the ligaments caused by an accident
- Non-reconstructable extensor tendons
- Florid or chronic infection
- Lack of patient compliance. ([Meier, 2007](#))

In the Reviewer's opinion, the requested procedure is not indicated, as the data points for indication and contraindications are not documented.

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: [Hand Clin.](#) 2001 May; 17(2): 207-21. [Links](#)

**Ligament reconstruction tendon interposition arthroplasty for basal joint arthritis. Rationale, current technique, and clinical outcome.**

[Tomaino MM.](#)

Department of Orthopaedic Surgery, University of Pittsburgh Medical Center, Pittsburgh, Pennsylvania, USA.

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The literature unequivocally supports the LRTI arthroplasty. Indeed, thumb stability, pain relief, and improvements in strength are the expected outcomes. Although some investigators believe that ligament reconstruction is not necessary, trapezium excision alone, or in combination with facial or tendon interposition, is less likely to provide long-term stability or restore satisfactory pinch and grip strength. Some hand surgeons may be apprehensive about harvesting the entire width of the FCR tendon because of fear that wrist function may be impaired or that a larger bony channel in the metacarpal might result in fracture. In that light, Coleman and the author recently reported the results of a prospective evaluation that rather convincingly showed there was no morbidity accompanying harvest of the entire FCR tendon, from the standpoint of wrist strength or endurance. Furthermore, technical modification by which the end of the FCR is tapered or trimmed obviates the need for an excessively large bony channel through the metacarpal. Preliminary pin fixation of the metacarpal, with its base suspended at the level of the index CMC joint, in the fist position, is still recommended to allow accurate tensioning of the new ligament, and protection in the early postoperative period. Proximal migration of only 13% at an average of 9 years after surgery may very well reflect the value of this particular practice. In conclusion, attention to technical detail and compliance with the postoperative therapy program, in the author's opinion, are intricately related to the favorable outcomes he has observed during 5 years of seeing Burton perform the LRTI arthroplasty and more than 6 years of performing the procedure in his own practice.

The Reviewer cited the above reference and noted that the required elements are not listed in the progress notes presented for review.

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**

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- 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)