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Notice of Independent Review Decision

DATE OF REVIEW: October 27, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

One right long finger metacarpophalangeal arthroplasty (CPT 26531).

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

Diplomat, American Board of Orthopaedic Surgery
Fellowship trained in spine surgery

REVIEW OUTCOME

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

Overturned (Disagree)

Medical documentation **supports** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Office visits (03/09/09 – 09/21/10)
- Therapy (07/13/09 – 07/17/09)
- Medical evaluation (07/09/10)
- Utilization reviews (09/17/10 - 10/01/10)

Dr.

- Office visits (08/25/09 – 08/25/10)

TDI

- Utilization reviews (09/17/10 - 10/01/10)

ODG has been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who developed pain in his right hand after a long day of using a screwdriver on a receiver on xx/xx/xx.

2006 – 2008: No records are available.

2009: On March 9, 2009, M.D., evaluated the patient for persistent pain in the right long finger and stiffness in the metacarpophalangeal (MCP) joint. He was status post injection into the joint. Dr. assessed clinical maximum medical improvement (MMI) and assigned 1% whole person impairment (WPI) rating.

In July, the patient underwent physical therapy (PT) evaluation. The diagnosis was right hand tenosynovitis. Previous x-rays and magnetic resonance imaging (MRI) were read as normal. The past treatment included medication (Naprelan, Medrol Dosepak), cortisone injections x6 and five sessions of PT in 2006. The patient attended three sessions of PT with the modality of therapeutic exercise

M.D., an orthopedic surgeon, evaluated the patient for pain and stiffness in the hand. Examination revealed limited flexion and extension of the long finger and mild rotational deformity. X-rays showed bone-on-bone arthritis and subluxation of the MCP joint. Dr. diagnosed MCP sprain and arthritic carpometacarpal (CMC) joint with subchondral cyst and crepitus. Dr. suggested arthrodesis, but he stated it works poorly on MCP level which causes stiffness and significant loss of function. Therefore, Dr. recommended press fit pyrolytic carbon resurfacing of the joint to maintain decent ROM. Later, Dr. noted the patient was no better with the conservative treatment. He obtained x-rays that showed arthritis isolated to the right long MCP joint with bone-on-bone and sublux due to a collateral ligament injury and instability over time. There were no other signs of arthritis throughout the hands. Dr. felt there were no signs of osteoarthritis throughout the rest of the hand and the patient was only xx years of age. Arthritis in the MP joint appeared to be posttraumatic in nature with subluxation of the joint and laxity of the joint leading to the advanced cartilage wear at an early age. He recommended MP arthroplasty and the patient agreed to it.

2010: On July 9, 2010, M.D., performed a medical evaluation and noted the following treatment history: *In xx/xx/xx, Dr. obtained x-rays which were negative for acute abnormality and felt that the patient initially had a wrist and hand sprain. In August 2007, x-rays showed a fracture of the medial aspect of the third metacarpal bone with a joint effusion. In April 2010, Dr. recommended full duty work and refilled Voltaren gel.* Dr. rendered the following opinions: (1) The current and future treatment was reasonable and necessary. He had posttraumatic arthritis of the MCP joint. (2) Surgical intervention in the form of arthroplasty was indicated.

In August, Dr. obtained x-rays that showed bone-on-bone arthritis and large bone spurs around the right long finger MP joint. He again recommended right long finger MP arthroplasty.

Per utilization review dated September 17, 2010, the request for right long finger MP arthroplasty was denied with the following rationale *“Clinical documentation indicates the patient has bone-on-bone arthritis of the right long finger MP joint. ODG also recommend arthroplasty in older patients with low activity demands. Guidelines also recommend that patients should have stability. Documentation submitted for review indicates the patient has a history of subluxation. As such, the clinical documentation does not support the certification of the request.”*

On September 21, 2010, Dr. stated the patient had bone-on-bone arthritis from trauma. He did not have a subluxed joint and no ligamentous instability. He had a good extensor mechanism and had sufficient bone and ligaments and would do well with an arthroplasty. The only type of subluxation was from the bone-on-bone and the lack of cartilage support in the joint.

Per reconsideration review dated October 1, 2010, the request for right long finger MP arthroplasty was denied with the following rationale *“As per medical report dated July 19, 2010, the patient has ongoing pain that if he bumps his hand inadvertently, he has severe pain. He reports stiffness in the morning, difficulty gripping and dropping objects. On physical examination, the right hand has full ROM except the MP where it is only 0 to 50. He has pain with varus and valgus stressing at that joint. The joint is swelling; FDP and FDS functions are intact. There is no numbness and no signs of carpal tunnel or cubital tunnel. Upon review of the report, there is no official imaging or plain radiographic findings that will document arthritis. Furthermore, pharmacotherapy including drug name, dosage, frequency and response are not mentioned in the report. There are no PT progress notes to show the patient’s clinical and functional response. With this, the need for the request is not substantiated at this time.”*

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

The patient is xx years of age who had increased pain into his right hand associated with the work injury on xx/xx/xx. He was evaluated by Dr. in 2009 for his persistent pain into the right long finger and placed at maximum medical improvement with a 1% impairment rating. The patient was noted to have tenosynovitis and he had had previous therapy in 2006 as well as previous injection treatments for this.

In August 2009, Dr. noted that the patient had been referred by Dr. for the continued pain into the hand. The patient had been seen by another orthopedist Dr. who had injected joint and placed him on a Medrol Dosepak. The patient was working for. He had dysfunction with lack of range of motion flexing to only 65 degrees at the MCP joint of the right hand long finger. X-rays showed bone-on-bone arthritis and what appeared to be subluxation of the metacarpophalangeal joint.

The patient was offered a pyrolytic carbon resurfacing of the joint as arthrodesis would not work very well due to the range of motion deficit at the metacarpophalangeal joint. The patient was reassessed on November 10, 2009, by Dr.. There were no other signs of arthritis except for the right long finger MCP joint. The MCP subluxation was felt to be related to the bone-on-bone arthrosis and cartilage wear. The patient had a letter of support written by Dr. on January 13, 2010, pointing out the aspect of the patient’s care to date and the alternative for the patient. Dr. had evaluated the patient on July 9, 2010. Dr. has subspecialty training in hand surgery himself. He noted that the patient was having ongoing symptoms with increased pain with bumping of the hand. He had stiffness in the morning, difficulty gripping. The patient was trying to continue the work. Grip strength was noted to be decreased on the right

hand compared to that of the left. The questions were asked to Dr. who concluded that the patient was a candidate for the joint replacement.

There were two URA reviews performed. One was done by a general surgeon and the other was done by an orthopedic surgeon whose subspecialty interest or training is not disclosed.

The rationale for denial was that the patient had instability and that there had been inadequate medication regimen documented.

There was also a report that there had been no PT progress notes to show the patient's functional response.

The request is for an arthroplasty of the long finer MCP joint with documented arthrosis and decreased range of motion. The joint replacement of this isolated individual joint would be appropriate based on medical documentation and current orthopedic literature as well as the Official Disability Guidelines. This is a definite option for this patient and thus the denial previously submitted by the URA is overturned.

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

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**