



Notice of Independent Review Decision

DATE OF REVIEW: 01/18/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Metacarpophalangeal (MCP) Joint Arthroplasty of the Right Index Finger Between 12/15/11 and 02/14/12

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

Board Certified in Plastic Surgery
AADEP Certified
Secondary Specialty - Hand 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)

Description:

Metacarpophalangeal (MCP) Joint Arthroplasty of the Right Index Finger Between 12/15/11 and 02/14/12 - UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Report of Medical Evaluation, M.D., 03/09/09
- Physical Therapy Evaluation, Rehabilitation Medicine & Pain Clinic, 07/13/09
- Evaluation, M.D., 08/25/09, 11/10/09, 08/25/10, 12/16/10, 12/28/10, 01/26/11, 02/23/11, 03/09/11, 04/20/11, 06/08/11, 10/06/11, 12/01/11, 12/21/11
- Correspondence, Dr., 01/13/10
- Procedure, Dr., 12/13/10
- Physical Therapy Evaluation, Orthopaedic, 12/21/10
- Physical Therapy, Orthopedic, 12/21/10, 01/03/11, 01/05/11, 01/07/11, 01/10/11, 01/12/11, 01/12/11, 01/14/11, 01/17/11, 01/19/11, 01/21/11, 01/28/11, 02/09/11, 02/11/11, 02/14/11, 02/16/11, 02/18/11, 02/21/11, 02/22/11, 02/28/11, 03/02/11, 03/04/11, 03/07/11
- Physical Therapy Re-Evaluation, Orthopaedic Surgery, 01/28/11
- Utilization Review Referral, Dr., 11/11/11, 12/15/11
- Denial Letters, 11/16/11, 12/21/11
- Denial Letters, ESIS, 11/16/11, 12/22/11
- The ODG Guidelines were not provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The service in dispute is metacarpophalangeal joint (MCP) arthroplasty of the right index finger. The patient sustained an injury to the right hand long finger on xx/xx/xx for which he received treatment and was subsequently judged to be at Maximum Medical Improvement (MMI) on 03/09/09 with 1% permanent impairment rating. No injury to the index finger was noted. Subsequent x-ray noted no osteoarthritis in the hand other than the long finger on 11/10/09. The treating provider noted failure of conservative therapy including injections, splinting, and medication on 08/25/10 for which operative procedure to the right long finger MCP joint including implant arthroplasty was performed on 12/13/10. Follow-up noted no complications or extenuating circumstances with return to work noted in the office visit. No DWC-73 was submitted. On office visit 03/09/11, Dr. noted good healing on x-ray with no complications or extenuating circumstances.

On office visit 04/20/11 Dr. noted pain in the index finger MCP joint with osteoarthritis now diagnosed on the x-ray for which anti-inflammatory medication was recommended. Injections were reportedly done although the medical records submitted document no injections. Office visit 06/08/11 Dr. notes treatment with anti-inflammatory medications. Office visit 10/06/11 Dr. notes pain and osteoarthritis on the ulnar side with lax radial collateral ligament.

No DWC-73 forms were submitted noting return to work although recommendations for RTW have been noted in the office notes of the treating provider. The patient reportedly has had injections to the right index finger although none are documented in the

submitted medical records. X-rays done in Dr. office show MCP joint bone-on-bone on the ulnar border with bone spurs. No outside radiographs are submitted.

Dr. denied MCP joint arthroplasty on 11/16/11 citing *ODG* and lack of objective response from steroid injections, no updated therapy progress notes, and no documented analysis of soft tissue integrity and joint stability. *ODG* citation notes indication for joint replacement of the finger or thumb include symptomatic arthritis of the PIP joint with preservation of the collateral ligaments.

Dr. denied MCP joint arthroplasty on 12/21/11 of the right index finger. In an addendum on 12/22/11, Dr. upheld prior denial of medical necessity.

Office visit 12/01/11 Dr. notes pain and swelling to the index and long MCP joints. Cortisone injection, anti-inflammatory medications, and supervised therapy exercise program have been done without improvement. The joints are reconstructable with good extensor and flexor mechanisms. Right index MCP joint is painful and stiff with crepitus. X-rays show bone-on-bone index MCP joint with bone spur on the ulnar side where he damaged the ligament.

Office visit 12/21/11 Dr. notes referral to Dr. for a second opinion. Right MCP joint exam notes pain, crepitus, and stiffness. Anti-inflammatory medication helps a little bit. No more injections and no more therapy are recommended. Interposition arthroplasty is recommended. Return to work is noted per DWC-73.

Therapy notes are submitted with initial visit 12/21/10, re-evaluation 1/28/11, and last visit 3/7/11. Notes document limited ROM in all MCP joints with improvement but not FROM at re-evaluation.

DWC-73 forms are not submitted.

Radiographs are not submitted.

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

The metacarpophalangeal joint (MCP) arthroplasty to the right index finger between 12/15/11 and 02/14/12 is not medically reasonable and necessary. *ODG* criteria in the Forearm, Wrist, and Hand Chapter, Arthroplasty, Finger and/or Thumb (joint replacement), include symptomatic arthritis of the proximal interphalangeal joint and preservation of the collateral ligaments, sufficient bone support, intact or at least reconstructable extensor tendons. Contraindications are lack of stability, e.g. as a result of rheumatoid arthritis or destruction of ligaments caused by an accident, nonreconstructable extensor tendon, chronic infection, lack of patient compliance (Meier, 2007).

Based on the records from Dr. office, it is not clear whether the right index finger MCP joint is stable. Radial laxity is noted followed by statements of intact soft tissue including the ligaments. Documented analysis of recent imaging studies of the right hand are not submitted for review. It is not clear from Dr. office notes whether the bone-on-bone only involves the ulnar side of the MCP joint.

The notes indicate pain, stiffness, limited range of motion, partial joint cartilage destruction (ulnar side of the MCP joint), and a lax radial collateral ligament. X-ray findings cannot be verified as these were not supplied. No recent therapy notes are submitted. Prior therapy notes document improved ROM postop. However, the therapy notes do not document the ROM noted by Dr.

Journal of Bone and Joint Surgery article by states that the flexible implants can be used in a rheumatoid, osteoarthritic, or traumatic arthritic metacarpophalangeal joint or proximal interphalangeal joint in which joint resection is indicated because of cartilage destruction, stiffness, instability or deformity. Partial cartilage destruction on one side would not appear to be an indication for MCP joint arthroplasty. The Field Clinic study noted subjective improvement in strength but no objective improvement in strength. This article was taken from the **Journal of Bone and Joint Surgery**, Volume 54-A, No. 3, April 1972, authored by M.D. Wheeless' Textbook of Orthopedics notes there was not a consistent long-term improvement in grip or pinch strength, and 87% of the patients reported subjective improvement in strength and function as a result of the surgery in the section on MCP joint arthroplasty.

There is no objective evidence that the prior surgery has resulted in return to work by the patient. Xrays are not clear as to the amount of cartilage destruction in the MCP joint-partial or complete. Xrays, DWC 73s, and recent therapy notes are not submitted for this review.

Therefore, based on lack of clinical documentation, lack of clinical response to prior surgery, evidence-based medicine, and ODG criteria, the right second metacarpophalangeal joint arthroplasty is not medically reasonable and necessary for this patient.

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

- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE
Journal of Bone and Joint Surgery