

Health Decisions, Inc.

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Notice of Independent Review Decision

5/4/16

IRO CASE #: xxxxx

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Outpatient Right Thumb CMC Arthroplasty CPT:25477

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: American Board Certified Physician of Orthopedic Surgery with over 17 years' experience

REVIEW OUTCOME:

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

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient suffered from a work injury on XX/XX/XX where she experienced pain in her right thumb/hand while opening a metal door at work. Request is for Outpatient Right Thumb CMC Arthroplasty CPT:25477. So far she has tried medications, and Physical Therapy and still experiencing pain.

XX/XX/XX: Initial Evaluation note: Description of injury "I was opening one of the metal doors when I felt a sharp pain on my right thumb radiating all the way to the wrist" Pt presents to the clinic for a Right hand complaint. Decrease range of motion is reported in hand extension. Pt reports a pain level of 5. Denies Numbness and tingling is reported for fingers. Reports decreased Strength and swelling, no bruising noted. Assessment: Right: Vascular intact, no edema noted. Range of motion flexion –full Extension- decreased. Ulnar deviation full, radial deviation full, Supination full, Pronation full, Tenderness to palpation extensor polis longus and brevis. Muscle testing decreased grip strength. Special testing tinel's negative. Phalen's negative. Finkelstein's negative. XR right hand/wrist: Negative for fracture or dislocation. Plan: Start PT, Naprosyn 500mg, RICE, Return to work with restrictions, Thumb Spica.

XX/XX/XX: PT Daily note: PT presents to clinic with potential strain of the exterior pollicis longus and for the reason MFR and kenisiotape to the area was provided to decrease tension. Low level gripping activities were initiated but required frequent VC to keep thumb engaged in the gripping activities.

XX/XX/XX: PT Daily note: Pt has a habitual habit that keeps thumb in extension during gripping activity. Keeping PIP and DIP in full extension and hyper extension. This position is kept in static prolong position. This position keeps the politic extension/flexor longus shorten and the thenar eminence and flexor pollicis lengthen this exacerbates symptoms and is a source of patient continued complaints. Treatment focus on fine manipulation activities that

emphasize patient form over extending thumb and gripping activity that required engagement of the thumb. Toward end of treatment patient reported slight increase in pain and treatment ended with isometrics which returned pain to 0/10.

XX/XX/XX: PT Daily note: Due to increase pain after last session and clicking/triggering radial side of thumb IP joint with IP flexion, exercises were changed today and added graston technique and MFR to improve gliding of tendon through pulley system, as well as taping. Pain decreased from 7/10 to 4/10 post treatment with increased pain free ROM thumb and wrist. Due to pain, decrease ROM, decrease strength and triggering thumb pt remains unable to perform essential job duties.

XX/XX/XX: Office note: Pt states that overall the symptoms have decreased. Pain decreased. Pt reports pain level 4. Denies Numbness of tingling. Grip strength remained the same decreased strength at the thumb only with flexion. Swelling has decreased. Continue PT, Will Order MRI

XX/XX/XX: PT Daily note: Further assessment reveals crepitus noted over 1st dorsal compartment with triggering at IP joint, indicating moderate to severe tenosynovitis. This transverse friction initiated as well as ice massage to improve gliding of tendon to decrease triggering with gripping activities. Will benefit from continued PT to improve tissue extensibility.

XX/XX/XX: Follow up evaluation note: No significant changes. PT missed MRI appointment rescheduled for xx/xx/xx.

XX/XX/XX: PT Daily note: Pt unable to progress secondary to persistent high levels of pain, limited motion and poor strength. Further imaging recommended per PT. No change in symptoms presentation post session.

XX/XX/XX: PT Daily note: No significant changes or progressions made to treatment plan today as patient continues with moderate persistent pain and exacerbation with gripping and any other utilization of the hand. Pt remains unable to execute functional activities. Pending MRI. Pain slightly increased post session.

XX/XX/XX: PT Re-Evaluation note: PT had less pain today, initiated activities as on LTGs- writing lifting fine manipulation and progressed push/pull. Able to perform without exacerbation for 3-5 min; however for longer periods of time, pain increases. MRI results pending. Pt to see MD wed. Pt continued with crepitus over the abductor pollicis longus and extensor pollicis brevis tendons with pain surrounding the 1st carpometacarpal joint. She has made a little progress towards pushing and pulling, lifting and gripping but not much and grip strength remains markedly weak. She remains unable to use her right hand to turn the key and open the doors at work, push buttons to open doors, restrain juveniles or assist them from the floor without moderate to severe pain. Continue therapy, progressive HEP.

XX/XX/XX: Follow up evaluation note: MRI- Mild radial subluxation at the 1st CMC joint. Moderate amount of inflammation about the 1st CMC joint. Moderate amount of inflammation about the 1st CMC joint predominantly along the ulnar aspect. Mild to moderate injury along the distal aspect of the ulnar ligament at its attachment to the base of the first metacarpal and likely involves the dorsally anterior oblique ligament. Intermetacarpal ligament attachment to the base of the 2nd metacarpal is not well seen and may be injured. Small 1st CMC joint effusion. Partial thickness tear along the distal articular surface of the TFC radial aspect. Mild TFC degeneration as well. Assessment: Right hand- Full ROM, Vascular intact, No edema or bruising noted. Extension remains the same, grip strength weak. Continue PT to improve function and reduce pain.

XX/XX/XX: Follow up evaluation note: Pt here for follow up on right thumb injury rates pain 7/10. PT was denied, Pending hand specialist appointment. Take Mobic 1 tab po daily. Continue with brace at work.

XX/XX/XX: Follow up evaluation note: Rates pain in hand 3/10 up to 5/10 with certain movements. No PT at this time. Pt sees hand specialist in tomorrow, continue current medications.

XX/XX/XX: PT Discharge note: Discharge plan: Independent and compliant with home exercise plan. Independent

with ADL's without modification. Return to prior level of function. 100% achievement with current functional goals.

XX/XX/XX: UR: When noting the recommendations of the guidelines, the surgical procedure requested the relatively mild arthritic change of the first CMC joint, the reported moderate inflammation and the mild radial subluxation that requested surgical intervention is considered not medically necessary. Recommendation is made for non-certification.

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

The request for right thumb CMC arthroplasty is denied.

The Official Disability Guidelines (ODG) supports arthroplasty of the thumb carpometacarpal (CMC) joint for pain relief in the treatment of stage III and early stage IV osteoarthritis in older patients with low activity demands.

This patient has completed a course of medication and therapy for her right thumb injury. Advanced right thumb CMC arthritis is not documented, even in the initial hand radiographs of XXXX XXXX.

The medical record indicates that this patient has had symptoms associated with the first dorsal extensor compartment, the thumb flexor tendons (triggering) and the basal joint. Given the multiple potential sources of pain in the right thumb, a diagnostic steroid injection to the CMC joint is recommended.

The final PT note of XXXX XXX indicated that the patient had returned to her baseline level of function and had achieved all of the therapy goals. It is unclear whether the patient requires further care for her thumb.

The requested surgery is not medically necessary.

Per ODG:

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](#)) Arthroplasty is also an option for interphalangeal joint fractures and dislocations. ([Calfee, 2009](#))

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
- Nonreconstructable extensor tendons
- Fluid or chronic infection
- Lack of patient compliance. ([Meier, 2007](#))

For average hospital LOS if criteria are met, see [Hospital length of stay \(LOS\)](#).

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)**