

Case Number:	CM13-0015154		
Date Assigned:	12/27/2013	Date of Injury:	06/12/2012
Decision Date:	02/15/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 31 year old male with industrial injury 6/12/12. He has a diagnosis of extensor carpi ulnaris tenosynovitis. There is a report of 8 session of therapy from 4/16/13 through 5/13/13. Reports also show a positive Tinel's left greater than right. The current request is for left tendon lengthening with cast application.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Left tendon lengthening: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, Tendon Repairs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Wrist, and Hand Chapter, Tendon Repairs.

Decision rationale: CA MTUS/ACOEM guidelines is silent on the issue of tendon lengthening. According to the Official Disability Guidelines, regarding tendon repairs, immediate surgical repair and early mobilization are essential in preventing adhesion formation and finger stiffness. One study found that there was no significant difference in the clinical outcome after flexor

tendon repair using either suture anchors or the pullout button technique, although a significant improvement was found for time to return to work for repairs using the suture anchor technique. However, there is no documentation in the medical records provided for review indicating that the criteria for medical necessity have been met. Therefore the determination is non-certification for tendon lengthening.

Left cast application: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Wrist, and Hand Chapter, Casting.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Wrist, and Hand Chapter, Casting.

Decision rationale: The Official Disability Guidelines indicate that casting is recommended for displaced fractures. Immobilization is standard for fracture healing although patient satisfaction is higher with splinting rather than casting. Treating fractures of the distal radius with casting versus splinting has no clinical difference in outcome. However, the medical records do not show that the patient has a condition that meets the criteria for medical necessity in this case.