MAXIMUS Federal Services

Case Number:	CM13-0026523		
Date Assigned:	07/02/2014	Date of Injury:	02/14/2013
Decision Date:	08/05/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Georgia and Texas. 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 expert 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 injured worker is a 47-year-old male who reported an injury on 02/14/2013. The mechanism of injury involved heavy lifting. Previous conservative treatment includes physical therapy. Diagnoses include right index finger extension lag, extensor tendon injury and morbod obesity. The injured worker was evaluated on 08/19/2013 with complaints of a right index finger injury. Physical examination of the right hand revealed no active extension beyond 35 degrees of the right MCP joint, right IF extension lag at the MCP joint dorsally, weakness in MCP extension, 3/5 strength, intact sensation and normal deep tendon reflexes. Upon reviewing an MRI, x-ray and NCV/EMG study of the right upper extremity, extensor tendon exploration with repair/reconstruction was recommended. The injured worker's MRI of the right forearm, dated 05/13/2013 indicated an altered signal at the proximal attachment of the lateral tendon, a suspicion for lateral epicondylitis, and altered signal of musculature of the lateral extensor tendon suspicious for myopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTENSOR TENDON EXPLORATION, REPAIR, OR RECONSTRUCTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, Tendon Repairs.

Decision rationale: California MTUS and ACOEM Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management including work site modifications and have clear clinical and special study evidence of a lesion. The official disability guidelines state extensor tendon ruptures are usually restored by extensor tendon reconstruction surgery. In patients presenting with possible finger extensor tendon rupture, prompt consultation with hand surgeons is important to preserve hand function. As per the documentation submitted for this review, the injured worker's MRI of the right forearm on 05/13/2013 indicated an altered signal of the musculature of the lateral extensor tendons. There was no documentation of a partial tear or rupture of the extensor tendon. Therefore, the proposed tendon repair cannot be determined as medically necessary at this time. As such, the request is non-certified.