

<b>Case Number:</b>	CM13-0035138		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	07/08/1993
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 Arizona. 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 patient is a 57-year-old female with a date of injury on 7/8/1993. The patient had multiple injuries to the upper extremity, neck and thoracic spine. One of the problems the patient developed was carpal tunnel syndrome bilaterally. The patient underwent a right carpal tunnel release but because of continuous pain and numbness in the right hand. It is alleged that she had put more stress on the left hand and developed a trigger finger of the left long finger as result of compensation. The patient underwent a left long finger trigger finger release on 5/9/2013. Following the surgery, she developed a small painful nodule over the incision site which interfered with her using her left hand. This nodule is felt to be an epithelial inclusion cyst or suture granuloma. Authorization is requested for scar revision and removal of the inclusion cyst and/or retained suture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) surgery to the left long finger for scar revision, removal of the incision cyst and/or retained suture between 9/25/2013 and 12/24/2013: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Campbell's operative orthopedics, pages 4333-4336.

**Decision rationale:** This patient developed a painful sensitive nodule within the scar of her trigger finger release. It is most likely a foreign body granuloma around the retained suture or an epithelial inclusion cyst. Whatever the lesion is, it is painful and is interfering with her hand function. While this is not covered in the Official Disability Guidelines (ODG) or the CA MTUS guidelines, it is mentioned in Campbell's operative orthopedics with the notation that excision of either of these lesions is curative. As far as the scar revision is concerned, this is a technical matter in that excision of the whole scar gives better tissue apposition than trying to enucleate the nodule. As such, the request is certified.

**One (1) pre-op medical clearance between 9/25/2013 and 12/24/2013:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Family Physician, "preoperative evaluation" July 15, 2000.

**Decision rationale:** An article from American Family Physician states: The purpose of a preoperative evaluation is not to "clear" patients for elective surgery, but rather to evaluate and, if necessary, implement measures to prepare higher risk patients for surgery. In this case, this patient underwent preoperative medical clearance prior to her first trigger finger release. The date of service was 5/7/2013. No risk factors were identified. Except for pain in her finger, the patient had a negative physical examination. Since the recommended surgery is low risk and the patient had no comorbidities approximately a year ago, the medical necessity for another preoperative evaluation has not been established. As such, the request is not certified.

**Twelve (12) post-op physical therapy sessions (through [REDACTED]) between 9/25/2013 and 12/24/2013:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

**Decision rationale:** This patient has had her trigger finger release and has received physical therapy for it following her first surgery. The surgery that is planned for removal of an epidermal inclusion cyst or suture granuloma is little more than excising the scar and re-suturing it (producing and repairing a laceration of the skin). The MTUS guidelines on postoperative treatment for the hand state there is weak evidence of a lack of clinically significant difference in the outcome in patients receiving formal rehabilitation therapy compared with no intervention.

Therefore, for excision and repair of a skin lesion do not involve any structures of the hand for which physical therapy is indicated, the medical necessity of formal physical therapy has not been established. As such, the request is not certified.

**One (1) post-op cold therapy unit (through [REDACTED]) between 9/25/2013 and 12/24/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

**Decision rationale:** The at-home local application of cold packs for the first few days of acute complaints is recommended. There does not appear to be any significant difference between local application of cold packs and a postop cold therapy unit. Therefore, the medical necessity for providing a postop cold therapy unit has not been established. As such, the request is not certified.