

Case Number:	CM13-0039410		
Date Assigned:	12/18/2013	Date of Injury:	03/04/2002
Decision Date:	02/28/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/28/2013

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 Plastic Surgery has a subspecialty in Hand Surgery and is licensed to practice in Oregon. 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:

This is a 51-year-old male who sustained a hand injury on 3/4/02. His hand procedures since that time include injection of his left index finger MCP joint radial collateral ligament, trigger finger releases of the left long and ring fingers, left carpal tunnel release x 2 and right carpal tunnel release. He now has pain in the dorsoradial aspect of his left index finger at the MCP joint. An anesthetic block of the radial nerve on 6/26/13 resulted in relief of his pain. His surgeon recommends excision of the radial sensory nerve.

IMR ISSUES, DECISIONS AND RATIONALES

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

Excision of left dorsal radial sensory nerve at the left dorsal radial hand, over the left second metacarpal, proximal to the MPJ: 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.

Decision rationale: The patient has bilateral neck, shoulder, wrist, elbow and hand pain as well as headaches. He has chronic pain and depression. He complains of dorsal hand pain but in the setting of multijoint chronic pain, the anatomic etiology of his dorsal hand pain is not clear. He

has not had previous surgery in the distribution of the radial nerve and therefore is unlikely to have a radial nerve neuroma. He does not have clinical findings consistent with Wartenburg's syndrome. The local anesthesia improvement may have resulted from a denervation effect on the MCP joint, but radial nerve division is not a standard component of wrist denervation procedures. Generally, joint denervation involves division of the small articular branches that are entering the affected joint. There is no electrodiagnostic evidence of radial nerve dysfunction. According to the ACOEM guidelines, Chapter 11, page 270, 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 worksite modifications - Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention The patient does not have clear and special study evidence of a lesion of the radial nerve that has been shown to benefit from surgical intervention and division of the radial nerve is not a standard technique for MCP joint denervation.

Implantation of the branches of the left dorsal radial sensory nerve into the left 1st dorsal interosseous muscle: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Application of finger splint, left index finger: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Outpatient procedures to be performed at [REDACTED]:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Physician assistant to assist with surgery: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.