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| <b>Case Number:</b>   | CM13-0041427 |                              |            |
| <b>Date Assigned:</b> | 12/20/2013   | <b>Date of Injury:</b>       | 10/22/2012 |
| <b>Decision Date:</b> | 02/13/2014   | <b>UR Denial Date:</b>       | 10/02/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/14/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He 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 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 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 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 41-year-old female who was injured in a work related accident on 10/22/12. The claimant was evaluated on 08/13/13 by [REDACTED], and given the diagnosis of status post crush injury to the right upper extremity, thumb, and index finger. Specific to the thumb, it was documented there was continued pain with examination showing tenderness over the A1 pulley with limited range of motion. The recommendation at that time was for continuation of hand therapy and use of antiinflammatory agents as well as request for surgical exploration of the thumb A1 pulley and flexor pollicis longus. The claimant was documented to be status post trigger thumb release procedure and failed to demonstrate significant improvement to the digit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Explore A-1, flexor pollicis longus right thumb:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: forearm, wrist, hand procedure

**Decision rationale:** The Physician Reviewer's decision rationale: Based on California ACOEM 2004 Guidelines and supported by the Official Disability Guidelines criteria the surgical process in the form of exploration to the A1 pulley would not be indicated. The claimant has already undergone an A1 pulley release with documentation of no significant improvement of function with continued symptoms. It would be unclear as to why a second procedure of the above nature would be indicated at this stage in the claimant's postoperative course of care. Based on the clinical presentation and utilization of treatment already rendered, the surgical request would not be supported.

**Occupational therapy post operative 2 times a week for 3 weeks for the right thumb:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post Surgical Rehabilitation.

**Decision rationale:** Based on California MTUS Post-surgical Rehabilitative 2009 Guidelines, physical therapy to the claimant's digit postoperative would not be indicated as the need of operative intervention in this case has not been established.