

<b>Case Number:</b>	CM13-0052716		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/31/2012
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 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 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:

This is a 55-year-old gentleman who was injured on 07/31/12. He sustained an injury to the fifth metacarpal fracture and underwent open reduction internal fixation on 08/02/12. Recent clinical assessment of 10/21/13 indicates continued complaints of pain about the left hand. He describes plate irritation and long finger triggering. There is described focal tenderness over the first A1 pulley area with restricted range of motion to the left small finger at the MCP with no further findings noted. Clinical imaging at that date was not documented. It is noted that the claimant has undergone a recent significant course of physical therapy for greater than 20 sessions. Further imaging was not noted. Based on current clinical complaints, there is a request for a fifth metacarpal reconstruction with prior hardware removal, synovectomy and tenolysis. There was also a request for injections of corticosteroid to the left long finger sheath, a postoperative splint and a Vasotherm heat/cold therapy unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT 5TH METACARPAL RECONSTRUCTION, PLATE REMOVAL, EXTENSOR SYNOVECTOMY AND POSSIBLE EDQM AND EDC TENOLYSIS: 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)

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

**Decision rationale:** The California MTUS states indications are "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 claimant is noted to be with prior hardware. There is one no recent imaging demonstrating significant indication for need of "reconstruction," there is also nothing supporting complete current diagnosis for the claimant's hardware as being the sole cause of symptomatic flare. The absence of acute imaging findings coupled with a surgical request that would include revision reconstruction and hardware removal would fail to necessitate the acute need of surgery.

**POST OPERATIVE PHYSICAL THERAPY THREE TIMES FOUR FOR THE LEFT HAND:** 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.

**POST OPERATIVE SPLINT:** 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.

**VASCUTHERM 4 WITH COLD/HEAT THERAPY AND COMPRESSION FOR FOUR WEEK TRIAL:** 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.