

Case Number:	CM13-0060294		
Date Assigned:	12/30/2013	Date of Injury:	04/26/2013
Decision Date:	05/21/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/03/2013

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 45-year-old male who sustained a crush injury on April 26, 2013 to his right thumb resulting in a traumatic amputation just at or distal to the interphalangeal joint. The patient went on to have a re-implantation of the amputated fingertip with a fusion of the interphalangeal joint of the right thumb. Post-surgery, the patient complained of pain at the level of the metacarpophalangeal joint and at the level of the interphalangeal joint. The occupational therapist noted in his record of October 14, 2013 that the patient was doing better with no significant complaints of pain. However, he does complain of slight discomfort with pinch when using an exercise rubber band. The therapist noted decreased sensation along the radial side of the index finger going into the web space and significant decrease in sensation over the re-implanted thumb tip. The treating physician noted exquisite point tenderness over the volar surface of the thumb at the level of the re-implantation over both the ulnar and to a lesser extent the radial nerve. His diagnosis is neuroma of the ulnar and radial nerve at the level of the re-implantation and he requests permission to do a neurolysis of the ulnar and radial nerves with the application of a nerve wrap.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) RIGHT THUMB ULNAR DIGITAL NERVE AND RADIAL DIGITAL NEUROLYSIS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Ulnar and Radial Digital Nerve Neurolysis, Forearm, Wrist, & Hand, Surgical Considerations..

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

Decision rationale: Referral for hand surgical consultation may be indicated for patients who (1) Have red flags of serious nature which this patient does not. (2) Failed to respond to conservative management, including worksite modifications. According to the occupational therapist notes, this patient's function has continued to improve; and at least according to the therapist his pain complaints have decreased. (3) Have a clear clinical and special study evidence of a lesion that has been shown to benefit in both short and long-term from surgical intervention. This patient does not have clear clinical evidence of a lesion that would benefit from surgical intervention. There is a discrepancy in the documentation on how much pain the patient is having and how much it is interfering with his function. Therefore, without consistent documentation, the medical necessity of this procedure has not been established.

ONE (1) NERVE WRAP RIGHT THUMB DIGITAL NERVES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Ulnar and Radial Digital Nerve Neurolysis, Forearm, Wrist, & Hand, Surgical Considerations..

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

Decision rationale: Since the necessity for neurolysis of the digital ulnar and radial nerves has not been established, the rest of the procedure is also considered not medically necessary.

UNKNOWN POST-OP PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Ulnar and Radial Digital Nerve Neurolysis, Forearm, Wrist, & Hand, Surgical Considerations..

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

Decision rationale: Since his surgical procedure has not been considered medically necessary, the post-op physical therapy sessions are also not considered medically necessary.