

Case Number:	CM14-0005575		
Date Assigned:	03/03/2014	Date of Injury:	03/02/2009
Decision Date:	06/30/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/13/2014

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 Surgeon, has a subspecialty in Sports Medicine 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:

The injured worker is a 34-year-old male who reported injury on 03/02/2009. The mechanism of injury was not provided. The documentation of 10/28/2013 revealed the injured worker had a Qualified Medical Re-Evaluation on 10/28/2013 that revealed the recommendation was previously made for a carpal tunnel release, revision of the index finger, and de Quervain's release on 07/30/2012. The injured worker underwent surgery in February for revision amputation through the distal interphalangeal joint of the right index finger and carpal tunnel release. The injured worker had symptoms that persisted in the index finger with hypersensitivity and decreased motion at the PIP and MCP joints. The injured worker indicated he had a slight improvement in the numbness and tingling in regards to the right hand, however she had continued to have numbness and tingling in the index, long, ring, and small fingers and the injured worker had pain in the right elbow with a radiation of pain from the elbow to the wrist and tenderness in the index finger and stiffness and complained of pain on the dorsum of the wrist. The injured worker had previously been treated for de Quervain's including 3 or 4 cortisone injections and immobilization. There was minimal muscle atrophy in the first web space on the right compared to the left along with decreased sensation in all digits with hypersensitivity at the tip of the index finger. The injured worker had focal tenderness over the first dorsal compartment on the right wrist with a positive Finkelstein's. The injured worker had sensitivity over the carpal tunnel scar. The diagnoses included right carpal tunnel syndrome status post release, crush injury right index finger, status post revision amputation, right elbow cubital tunnel syndrome, right wrist de Quervain's, and persistent hypersensitivity of the right finger. The documentation of 10/18/2013 revealed the injured worker had persistent pain at the tip of his index finger, radial side of his wrist and had numbness and tingling in the 4th and 5th digits. The injured worker had tenderness on the tip of the index finger with hypersensitivity.

The injured worker was tender over the first dorsal compartment with positive Finklestein's test. The treatment plan included a right index finger amputation revision and right first dorsal compartment release. The injured worker underwent electrodiagnostic testing and it was indicated that the physician was awaiting results on 12/18/2013. The injured worker was on modified job duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT FIRST DORSAL COMPARTMENT RELEASE & RIGHT INDEX FINGER AMPUTATION REVISION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 11,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The ACOEM Guidelines indicate surgical consultation for injured workers who have had a failure to respond to conservative management including worksite modifications and who have clear clinical and special study evidence of a lesion that has been shown to benefit in both the long and short term from surgical intervention. Additionally, the majority of injured workers with de Quervain's syndrome would have resolution of symptoms with conservative treatment. The clinical documentation submitted for review failed to indicate the injured worker had electrophysiologic evidence to support the necessity for de Quervain's tendinitis release. The injured worker underwent cortisone injections and immobilization and was on modified job duties. There was a lack of documentation indicating the injured worker's response to the treatment and that he had a failure to respond to conservative treatments including worksite modifications. Given the above, the request for a right first dorsal compartment release and right index finger amputation revision is not medically necessary.

POST OPERATIVE OCCUPATIONAL THERAPY TWO TIMES A WEEK FOR FOUR WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 11,

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

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.