

<b>Case Number:</b>	CM14-0010111		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	09/04/2013
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 Surgery and is licensed to practice in Georgia and Texas. 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 56-year-old male who reported an injury on 09/04/2013. The mechanism of injury was the injured worker was replacing a brake caliper and the caliper fell on the injured worker's right hand. The prior treatments included physical therapy. The injured worker underwent an MRI of the right 4th finger without contrast which revealed no evidence of fracture or significant osteoarthritis within the 4th finger. There was mild tenosynovitis of the flexor tendon with mild thickening of the flexor tendon sheath consistent with the injured worker's history of trigger finger. The documentation of 01/03/2014 revealed the injured worker had moderate tenderness and swelling over the dorsal and palmar surface of the hand. There was tenderness and swelling over the 4th metacarpal and pain increased with range of motion. The injured worker had a negative Finkelstein's test and negative snuff box tenderness. The diagnoses for the injured worker were trigger finger, crushing injury, and contusion of the finger. The treatment plan included a possible palmar fasciectomy flexor tenosynovitis of the right 4th finger including possible CPT codes of 26123, 25115, 64704, and 26116, as well as a surgical assistant and postoperative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLEXOR TENOSYNOVECTOMY AND PALMAR FASCIOTOMY, FOURTH FINGER OF THE RIGHT HAND:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

**Decision rationale:** The ACOEM Guidelines indicate that a referral for a hand surgery consultation may be appropriate for injured workers who have red flags of a serious nature, failure to respond to conservative management including work site modifications and have clear clinical and special evidence study of lesion and that has been shown to benefit in both the long and short-term from surgical intervention. Additionally, they indicate that 1 or 2 injections of lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath of the affected finger are almost always sufficient to cure symptoms and restore function. The clinical documentation submitted for review indicated the injured worker had undergone physical therapy. There was a lack of documentation indicating the injured worker had injections into the flexor tendon sheath. Given the above, the request for decision for flexor tenosynovectomy and palmar fasciotomy 4th finger of the right hand is not medically necessary.

**ASSISTANT SURGEON:** 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 PHYSICAL THERAPY, TWELVE SESSION (3X4):** 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.