

Case Number:	CM14-0013491		
Date Assigned:	02/26/2014	Date of Injury:	05/26/2010
Decision Date:	09/03/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/03/2014

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 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 68-year-old male who reported an injury on 05/26/2010. The documentation indicated the injured worker had undergone flexor carpi radialis transfer in 12/2012. The injured worker underwent physical therapy. The injured worker underwent a nerve conduction study on 02/29/2012 which revealed bilateral median sensory neuropathy at the wrists and mild to moderate ulnar neuropathy at the left elbow. There was no evidence of radiculopathy or plexopathy. This was prior to the surgical intervention. The nerve conduction study was repeated on 10/08/2013 which revealed the left median motor showed increased axonal loss since the study in 02/29/2013; however, the ulnar study showed significant improvement from the prior study. There was evidence of demyelinating neuropathy which could be consistent with a history of diabetes. There was evidence of median sensorimotor neuropathy bilaterally. It was opined some of this latency can be due to demyelinating neuropathy. No radiculopathy was found. The injured worker additionally underwent a left carpal tunnel release and an in situ decompression of the ulnar nerve at the elbow on 04/03/2012. The documentation of 11/21/2013 revealed the injured worker had left wrist pain and thumb dysfunction. The injured worker was having difficulty with thumb opposition. The examination of the left hand showed a lack of thumb opposition. The injured worker had no sensation in the median nerve distribution and a marked atrophy of the thenar muscles. The diagnoses and assessment include the injured worker had residual dysfunction of his median nerve status post previous carpal tunnel syndrome. It was opined the injured worker did not get sufficient response to the motor portion of the median nerve status post carpal tunnel release. Therefore, the injured worker would require a thumb opposition transfer using the ring finger flexor digitorum sublimis tendon.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE OPPOSITION TRANSFER, LEFT THUMB FROM RING FINGER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation wheelessonline.com.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: wheelessonline.com.

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, a failure to respond to conservative management including work site modifications and 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 interventions. The clinical documentation submitted for review indicated the injured worker had undergone therapy postoperatively in 2012 and early 2013. However, there was lack of documentation of therapy specifically directed at the left thumb. The injured worker had electrodiagnostic studies that indicated he had a lesion. The physical examination revealed the injured worker had thenar atrophy. As the California MTUS and ACOEM Guidelines, as well as Official Disability Guidelines do not specifically address tendon transfers, secondary guidelines were sought. Per Wheelessonline.com, prerequisites for tendon transfers include a strong FPL and a strong EPL. There should be documentation of an absence of a wide web space, adequate thumb sensation, and stable metacarpophalangeal joint with adequate extension, a stable pulley in the region of pisiform bone, strong motor transfer, normal motor function of the flexor digitorum superficialis, and polyneuropathy. They further indicate that a transfer of a ring flexor digitorum superficialis to abductor pollicis brevis tendon, this procedure provides opposition, improves pinch, and ensures better utilization of the extensor and flexors muscles. The clinical documentation submitted for review failed to meet the above prerequisites. Given the above, the request for 1 opposition transfer left thumb from ring finger is not medically necessary.