Case Number:	CM14-0015563		
Date Assigned:	02/28/2014	**Date of Injury:**	10/03/2010
Decision Date:	06/30/2014	**UR Denial Date:**	02/06/2014
Priority:	Standard	**Application Received:**	02/06/2014

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 General 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 29 year old male police officer who was injured on 10/03/10 when he sustained blunt trauma to the left ring finger from a beanbag gun fired by a fellow officer resulting in open fracture to the left ring finger. He is status post ORIF with internal fixation pin of the left ring finger on 10/03/10 with subsequent removal of percutaneous pin on 11/08/10. The injured worker was seen in consultation on 01/20/14 when it was noted that the internal fixation pin was left in for four to six weeks following initial surgery and by that time significant adhesions had already taken place between the soft tissue (extensor tendon) and the underlying bone. The injured worker subsequently underwent a PIP joint capsulotomy, tenolysis and A1 pulley release on 02/22/11. He developed post-operative wound infection and underwent subsequent incision and drainage on 03/10/11. Sequela of all of this was a very stiff, abnormally flexed deformed left ring finger. The injured worker complained that he could not extend the proximal interphalangeal joint and the fact that the left ring finger got in the way of virtually everything when attempting to reach and grasp, and complained that what little flexion did exist produced scissoring problem between the left long finger and left ring finger. Current medications were listed as ibuprofen 800mg. On physical examination, flexion/extension of the metacarpal phalangeal joint, proximal and distal interphalangeal joints of the left ring finger measured +20 hyperextension/80, 70/110, and 10/60. Passive extension of proximal interphalangeal joint of the left ring finger was to 60 degrees indicating difference of only 10 degrees between active and passive extension. Comparison of the right ring finger noted respective measurements of +20 hyperextension/75, 0/110, and 0/65. Numerous scars on the palmar aspect of the left ring finger proximal phalanx were noted extending into the distal palm up to about the level of the distal palmar crease overlying the flexor sheath of the ring finger. There was thickened soft tissue palpable along the course of the flexor tendon from the distal

palm up to the level of the proximal interphalangeal joint. Healed scars were also present over the dorsal aspect of the proximal interphalangeal joint of the left ring finger. X-rays were obtained and only the lateral view allowed reasonable visualization of the proximal interphalangeal joint given the fact the finger was flexed at the proximal interphalangeal joint. Lateral view demonstrated flexed posture and 70 degrees at the proximal interphalangeal joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENOLYSIS LEFT RING FINGER FLEXOR DIGITORUM SUPERFICIALIS AND FLEXOR DIGITORUM PROFUNDUS QTY:2.00: Overturned

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

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) Forearm, Wrist and Hand, Tendon repairs

Decision rationale: The injured worker sustained an injury resulting in open fracture of the left ring finger and underwent internal pin fixation with subsequent removal of the pin. The injured worker was also status post left ring finger proximal interphalangeal joint capsulotomy, tenolysis, and A1 pulley release on 02/22/11, with post-operative infection requiring IND on 03/10/11, with subsequent adhesions of the flexor digitorum profundus and superficialis. There are adhesions of the extensor digitorum communis, zone 4, dorsum of the proximal phalanx, left ring finger. Given the flexion deformity and interference with activities of reaching and grasping, the request for tenolysis left ring finger flexor digitorum superficialis and flexor digitorum profundus is indicated as medically necessary. the injured worker has failed to improve range of motion. Flexion deformity results in interference with use of the left hand and physical therapy or other conservative measures are not likely to provide significant benefit. Based on the clinical information provided, the proposed tenolysis left ring finger flexor digitorum superficialis and flexor digitorum profundus is indicated as medically necessary.

VOLAR CAPSULOTOMY LEFT RING FINER PROXIMAL INTERPHALANGEAL JOING QTY:1.00: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Wheeless' Textbook of Orthopedics, Tenolysis and capsulectomy after hand fractures

Decision rationale: The injured worker has a severe flexion deformity that requires tenolysis, and the request for volar capsulotomy is indicated as a related procedure to restore range of motion and functionality to the injured worker's left ring finger.

POSSIBLE USE OF LOCAL FLAPS AND/OR SKIN GRAFT FOR LEFT HAND CLOSURE OF SOFT TISSUE DEFECT QTY:1.00: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Wheeless' Textbook of Orthopedics

Decision rationale: The injured worker has a severe flexion deformity that requires tenolysis. Given the history of prior surgery including ORIF, PIP capsulotomy, tenolysis, and I&D post infection, it is possible that local flap and/or skin graft may be needed to for adequate closure.

NEURO LYSIS OF THE RADIAL AND ULNAR DIGITAL NERVES LEFT RING FINGER QTY:1.00: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand, Nerve repair surgery

Decision rationale: The injured worker has a severe flexion deformity that requires tenolysis. This is a salvage procedure in an attempt to regain functionality of the injured worker's left ring finger, and neurolysis is appropriate.

CPM(CONTINUOUS PASSIVE MOTION) MACHINE DAILY RENTAL PLACED IN RECOVERY AND THEN FOR 5 WEEKS QTY:35.00: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand, Continuous passive motion (CPM)

Decision rationale: The injured worker has a severe flexion deformity that requires tenolysis. The use of continuous passive motion (CMP) is medically necessary to prevent the injured worker from again from post-operative flexion contractures.

13 PHYSICAL THERAPY SESSIONS :4X1=4, 3X1=3, 2X3=6: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, Wrist, & Hand Page(s): 20.

Decision rationale: The injured worker has a severe flexion deformity that requires tenolysis. The proposed post-operative physical therapy is medically necessary to restore and maintain range of motion and function of the left ring finger.

DEEP VEIN THROMBOSIS (DVT) COMPRESSION SLEEVES FOR LE(LUPUS ERYTHEMATOSUS) DURING SURGERY ONLY QTY:2.00: 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), Compression garments

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Compression garments

Decision rationale: The injured worker has a severe flexion deformity that requires tenolysis. There is no indication that the injured worker has a history of or is at risk for venous thrombosis. As such, the request for deep vein thrombosis (dvt) compression sleeves for le(lupus erythematosus) during surgery only is not indicated as medically necessary.