

Case Number:	CM14-0016687		
Date Assigned:	03/05/2014	Date of Injury:	05/13/2013
Decision Date:	06/30/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/10/2014

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 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 claimant is a 52-year-old gentleman who sustained a left upper extremity injury in a May 13, 2013, work-related accident. On that date, the claimant underwent open reduction and internal fixation for a left ring finger fracture and flexor tendon repair. Subsequent hardware removal was performed on June 14, 2013. Postoperatively, the claimant underwent an aggressive course of physical therapy. A November 21, 2013, follow-up report documented continued complaints of stiffness of the digit with no active distal interphalangeal (DIP) joint flexion and passive DIP joint flexion to 25 degrees. At the proximal interphalangeal (PIP) joint, range of motion of 10 to 85 degrees was documented; no other physical examination findings were noted. Radiographs demonstrated progress characterized as "good healing." The claimant was treated with an additional course of physical therapy and management with medications. A follow-up assessment dated January 2, 2014, documented restriction in range of motion from 5 to 60 degrees at the DIP joint and improved flexion at the PIP joint from 10 to 100 degrees. This request is for a flexor tenolysis and capsular release of the left ring finger, as well as 12 sessions of post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT RING FINGER FLEXOR TENOLYSIS/CAPSULAR RELEASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , 11, 270

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 270.

Decision rationale: Based on California ACOEM Guidelines, the role of surgical referral in this case for a flexor tenolysis and capsular release would not be indicated. The clinical records indicate progressive advancement of this individual's range of motion with improvement at both the DIP and PIP at last clinical assessment. It would be unclear as to what further intervention from a surgical point of view would add to this individual whose range of motion and examination findings continue to improve with conservative measures. According to California MTUS ACOEM Guidelines, a flexor tenolysis and capsular release of the left ring finger would not be supported in this case. The reviewed records document progress in the claimant's range of motion, with improvement at both the DIP joint and PIP joint noted upon recent clinical assessment. ACOEM Guidelines only recommend surgery in the presence of "red flags" and failure to respond to conservative management. Given the claimant's improvement with conservative measures, there is no documentation to indicate why surgical intervention would be indicated. Therefore, this request would not be supported as medically necessary.

POST-OP PHYSICAL THERAPY, 3 TIMES A WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for a flexor tenolysis and capsular release of the left ring finger is not established as medically necessary in this case. Therefore, the request for 12 sessions of post-operatively physical therapy is not medically necessary.