

Case Number:	CM14-0122218		
Date Assigned:	08/06/2014	Date of Injury:	11/18/2010
Decision Date:	09/11/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/04/2014

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:

This 46-year-old male scientist sustained an industrial injury on 11/18/10, relative to repetitive trauma. The patient was initially diagnosed with right long trigger finger that did not respond to a steroid injection. The patient subsequently underwent right long trigger finger release. Records documented on-going triggering and locking of the right long and finger fingers. The patient underwent left carpal tunnel release with development of a painful scar neuroma. The left hand developed temperature and color changes and he was diagnosed with complex regional pain syndrome of the left upper extremity. Diagnoses also included left ulnar neuropathy, left palmar painful scar neuroma, possible right hand de Quervain's, cervical strain and myofascial pain. Recent conservative treatment had included prescription medications (gabapentin, Cymbalta, Lyrica, Nortriptyline), and over-the-counter Advil and Tylenol. He had a home exercise program and used ice. The 5/21/14 treating physician report cited on-going triggering and locking of the fingers. Physical exam revealed contracture of the fingers, inability to fully straighten, and difficulty flexing the fingers. The patient did not have adequate pull through of the flexor tendons of the left hand, limiting flexion range of motion. This was attributed to scarring from the previous surgery, but localized adherence of the nerves could not be ruled-out. The treatment plan requested exploratory surgery with possible release flexor tendon left hand, pre-operative services, post-operative occupational therapy, and custom orthotics. The 7/15/14 treating physician report indicated that the patient's right hand had flared with increased pain and decreased range of motion. Occupational therapy was initiated. The 7/24/14 utilization review denied left hand surgery and associated requests as there was no indication that conservative treatment had been exhausted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exploratory Surgery with Possible Release Flexor Tendon Left Hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

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, Tenolysis.

Decision rationale: The California MTUS state that surgical considerations may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management, including worksite 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 intervention. The Official Disability Guidelines recommend flexor Tenolysis as a surgical procedure to remove adhesions that inhibit active flexion of the digits. Surgical criteria include willingness to commit to rigorous post-operative physical therapy. The patient must have good strength in flexor and extensor muscles of the hand and must have intact nerves to flexor muscles. Guideline criteria have not been met. There is no clear documentation of hand muscle strength or intact nerve function. There is no detailed documentation that recent comprehensive conservative treatment, including static or dynamic splinting, had been tried and failed. Therefore, this request for exploratory surgery with possible release flexor tendon left hand is not medically necessary.

Pre Operative History and Physical (H&P): 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): Pre-Operative Testing.

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: Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre Operative Labs: CBC, CMP and Fasting Blood Sugar: 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): Pre-Operative Testing.

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: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post Operative OT (Occupational Therapy): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Custom Orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 273. Decision based on Non-MTUS Citation http://wheelsonline.com/ortho/flexion_contracture_of_the_pip_joint.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.