

Case Number:	CM14-0122471		
Date Assigned:	08/06/2014	Date of Injury:	12/20/2013
Decision Date:	09/17/2014	UR Denial Date:	07/10/2014
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 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 35-year-old female who reported an injury on 12/20/2013. The mechanism of injury was noted to be a smashing injury by a machine. The medications were noted to include Ultram. The conservative care was noted to be a wrist splint and occupational therapy. The injured worker underwent an MRI of the left thumb without contrast on 04/17/2014; the impression was moderate to advanced chronic sprain and partial tear of the ulnar collateral ligament (UCL) with no full thickness tear. The claimant underwent x-rays of the thumb which were negative for fracture, subluxation or degenerative changes. The surgical history was noncontributory. The documentation of 04/22/2014 revealed the injured worker had pain with activity of the left thumb. The objective findings revealed a tender UCL MP joint with mild laxity. The injured worker had some swelling of the MP joint. The diagnoses included a chronic grade 2 UCL tear, metacarpophalangeal joint (MPJ) left thumb. There was no Request for Authorization submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Secondary repair vs. reconstruction cull mph left thumb with Palmaris tendon graft:

Upheld

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): 270-271.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines indicate a hand surgery consultation may be appropriate for injured workers who have red flags of a serious nature, have failed to respond to conservative management and have clear clinical and special study evidence of a lesion that has been shown to benefit in the both short and long term from surgical intervention. The clinical documentation submitted for review indicated the injured worker had occupational therapy. There were objective findings upon physical examination and special study evidence including an MRI. However, there was a lack of documentation indicating exhaustion of conservative management. There was a lack of documentation of a request for the surgical intervention. Given the above, the request for secondary repair vs. reconstruction cull mph left thumb with Palmaris tendon graft is not medically necessary.