

Case Number:	CM14-0126983		
Date Assigned:	08/13/2014	Date of Injury:	03/02/2011
Decision Date:	09/24/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/11/2014

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 Plastic Surgery and is licensed to practice in Maryland. 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 patient is a 35 year old male with a reported date of injury on 3/2/11 who requested authorization for exploration of right index finger with secondary repair of the digital nerve with Neurotube. Documentation from 6/9/14 states that the patient had had a laceration of the right radial digital nerve of the index finger secondary to surgery. He is recommended to have surgery in order to accomplish protective sensation. Examination only notes grip strength measures for both sides. Documentation from 5/27/14 notes a discussion of the relationship of each upper extremity to the original injury. Request for electrodiagnostic studies of the right upper extremity for a diagnosis of right carpal tunnel syndrome was denied stating that, 'treatment is for a body part that is not part of the original injury.' Documentation from 4/28/14 notes the patient has left wrist complaints and recommendation for TFCC debridement. He is still triggering on the right index finger, with a plan for a future injection and is awaiting nerve conduction studies of the right upper extremity to see if there is neurologic pathology. Documentation from 3/17/14 notes the patient had a procedure for the index finger which affected the right radial digital nerve. The patient had previously postponed surgical intervention. Examination of the right upper extremity notes surgical scar consistent with the trigger finger release. The patient continues to have hypoesthesia involving the radial side of the index finger but now has generalized hypoesthesia in the median innervated digits as well. Tinel's sign and Phalen's test are positive at the carpal tunnel and Tinel's is positive at the radial right index finger. Diagnoses stated are status-post release of the A-1 pulley, right index finger, with involvement of the radial digital nerve and right carpal tunnel syndrome. Recommendation was made to have electrodiagnostic studies of the right upper extremity prior to surgery for the index finger. Documentation from 11/11/13 states that the patient had received authorization for surgery of the digital nerve of the right index finger. His has left sided pathology and

recommendations for surgical treatment on this side, but would not perform surgery on both sides at the same time. Letter dated 10/31/13 notes approval of request for authorization: 'Left index finger exploration of digital nerves Tran vs entrapment.' MRI report of the left wrist is provided dated 10/7/13. Request for authorization dated 9/12/13 notes a diagnosis of 'S/P release of A-1 pulley release right index finger w/ involvement of digital nerves.' Request is for 'Left index finger exploration of digital nerves transection VS entrapment.' Documentation from 8/9/13 notes the patient continues to have symptoms with the right index finger and has decided to proceed with surgery. The planned procedure is exploratory with neurolysis versus secondary repair. Documentation from an initial consultation dated 7/22/13 notes the patient had undergone release of the A-1 pulley of the right index finger on 1/9/12. He stated that he never recovered fully from his surgery and had further injections and physical therapy. He complains of a burning sensation and numbness in the right index finger with pain. Examination of the right hand notes a transverse scar just proximal to the MP crease of the right index finger. He is able to flex the finger and does not have evidence of triggering. The patient 'has profound hypoesthesia involving the index finger. It involves both the radial and ulnar digital nerves of the index finger but not the radial digital nerve of the adjoining middle finger.' Tinel's sign is positive for pain and a burning sensation at the MP joint region. Surgical exploration with neurolysis and possible secondary repair was recommended. Utilization review dated 7/23/14 did not certify the procedure for right index finger exploration, secondary repair of the digital nerve with Neurotube and postoperative physical therapy. Reasoning given was that 'There is no detailing in regards to 2 point discrimination that would support digital nerve injury.' The requesting surgeon's initial examination was not provided in the medical records reviewed for this utilization review. There are conflicting reports in the medical records reviewed regarding sensory impairment of the right index finger, as the previous Permanent and Stationary assessment did not document this impairment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery right index finger exploration, secondary repair of the digital nerve with Neurotube: 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.

Decision rationale: By analysis of the entirety of the medical records provided in this review, the patient appears to have abnormal sensation of the right index finger as a possible result from a previous surgical release of the A-1 pulley of that finger. However, there is not a recent, fully-detailed sensory examination of the right index finger and how it is affecting the patient's function. The patient is only noted to have hypoesthesia of the radial digital index finger and a positive Tinel's sign. The most recent detailed examination is from the requesting surgeon's initial consultation dated 7/22/13. However, this examination noted sensory disturbances in the radial and ulnar digital nerves with burning and pain. It is unclear if the patient has continued

abnormal sensation in the ulnar digital nerve. Whether this has resolved, worsened or stabilized is unclear. Previous request for surgical intervention noted right sided complaints but request and approval was for the left index finger. In addition, the patient appears to have been diagnosed with possible right carpal tunnel syndrome and recommendation was made for further evaluation of this prior to treatment of the right index finger. Even though electrodiagnostic studies of the right upper extremity was not approved, as this 'treatment is for a body part that is not part of the original injury,' follow-up documentation of right carpal tunnel syndrome and any recommendations for conservative management has not been provided. In summary, the patient may have a surgical condition related to abnormal sensation of the right index finger following a previous A-1 pulley release. However, there is insufficient detail provided of the current sensory examination of the index finger and its effect on function. From ACOEM, Chapter 11, page 270: Referral for hand surgery consultation may be indicated for patients who:- Have red flags of a serious nature- Fail to respond to conservative management, including worksite modifications- 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. Without this detail, surgical intervention should not be considered medically necessary. In addition, the patient has a complicating factor related to possible right carpal tunnel syndrome that either needs to be addressed or discussed prior to surgical intervention of the index finger as recommended by the requesting surgeon.

Post operative occupational therapy three times a week for four weeks for the right hand:
Upheld

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 cite any medical evidence for its decision.

Decision rationale: As the procedure was not considered medically necessary, postoperative physical therapy should not be considered medically necessary.