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| Case Number: | CM14-0156073 | | |
| Date Assigned: | 09/25/2014 | Date of Injury: | 03/17/2014 |
| Decision Date: | 10/30/2014 | UR Denial Date: | 09/16/2014 |
| Priority: | Standard | Application Received: | 09/23/2014 |

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 Physical Medicine and Rehabilitation 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:

41 year old male claimant with an industrial injury dated 03/17/14. Exam note 08/26/14 states the patient returns with hand pain. The patient is status post a proximal phalanx fracture, and continues to have stiffness in his left hand. The patient complains of weakness and discomfort. The patient is participating in therapy session in which is aiding to recover range of motion through the flexion MP joints but not yet full. Upon physical exam the patient demonstrates a well-healed surgical incision, along with an adhesion of the pin tract to the overlying extensor tendon. The patient's small finger flexion was 45', and ring finger was 30'. Diagnosis includes MP joint stiffness and extensor tendon adhesions. Treatment includes an MP joint release with extensor tenolysis, and a continuation of medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Ring and Small Finger Metacarpophalangeal Joints Release with Extensor Tenolysis:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 270.

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

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11, Forearm, Wrist and Hand Complaints, 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 Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and, especially, expectations is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. In this case, the exam note from 8/26/14 does not demonstrate any evidence of red flag condition or clear lesion shown to benefit from surgical intervention. It is unclear how many visits of therapy have been performed and over what time course. Therefore the determination is for not medically necessary.

[REDACTED]: 12 Sessions of Postoperative Occupational Therapy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.