

Case Number:	CM14-0157504		
Date Assigned:	09/30/2014	Date of Injury:	03/08/2011
Decision Date:	12/24/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/25/2014

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 is a 56 year old male with a 10/28/10 injury date. The patient works for UPS and attempted to stop a package from coming down a slide and a crushing-type injury to the right hand occurred. The injury was quite significant and included an open dislocation of the little finger proximal interphalangeal (PIP) joint with subsequent stiffness in the remaining digits along with wrist pain. Several surgical procedures have been performed including extensive capsulotomies and soft tissue procedures involving all of the digits. In an independent evaluation on 2/12/14, it was recommended that additional surgeries for the digits would be of no benefit. In a 3/26/14 follow-up, subjective complaints included pain at the MCP joints, wrist pain with difficulties with extension of the index through little fingers, and numbness over the index, middle, and ring fingers. There were no objective findings recorded in that note. In a 6/17/14 follow-up, objective findings included no change in motion in the digits, and normal sensation to light touch. In an 8/1/14 follow-up, the little finger was noted to have a degree of intrinsic tightness at about 80-85 degrees of PIP joint flexion, with "clear evidence of volar plate contracture." A request was made to perform a volar plate release with extensor tenolysis and capsulotomy of the extensor tendon of the PIP joint of the little finger. Diagnostic impression: right small finger volar plate contracture. Treatment to date: multiple right hand surgeries over a 4-year period, occupational therapy. A UR decision on 8/29/14 denied the request for reconstruction finger volar plate on the basis that the patient is 4 years from the injury and has had multiple right hand surgeries, and the likelihood of making any clear gains from additional surgery is quite poor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 6 weeks for bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Postsurgical Treatment Guidelines.

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: Hogan CJ, Nunley JA. Posttraumatic proximal interphalangeal joint flexion contractures. *J Am Acad Orthop Surg.* September 2006;14:524-533.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) do not address this issue. This patient has a post-traumatic PIP joint flexion contracture of the right small finger. According to CJ Hogan et al, nonsurgical treatment such as splinting or serial casting should be tried before attempting surgical intervention. When severe flexion deformity exists or the vascular status of the finger has been compromised, arthrodesis or amputation should be undertaken instead of procedures to regain motion. Surgical options for regaining motion include external fixators and open surgical release. Although they can lead to improved extension at the proximal interphalangeal joint, external fixators carry a risk of reduced finger flexion and pin site infection. Most clinical series of patients who have undergone surgical release document improvement in flexion contracture between 25 to 30 and a shift of the flexion/extension arc into a more functional range. Close follow-up after surgery is warranted, with frequent physical therapy and splinting. However, in this case there is not enough information to approve the procedure. It is not clear if there have been any recent attempts at splinting or serial casting of the digit. In addition, there is no rationale or discussion available that helps to justify the proposed procedure. This would be important, because at this point, there would appear to be a few different and reasonable options going forward. These would include simple observation, continued occupational therapy, splinting or serial casting of the small finger, arthrodesis of the small finger PIP joint, amputation, or other types of contracture release. In addition, the patient has had a long history of multiple surgeries to the right hand, and is still left with multiple functional limitations, contracture, and deformity throughout the digits and hand. In an independent evaluation on 2/12/14, it was suggested that additional surgeries for the digits would not be of any benefit. In light of the above concerns, a stronger case would need to be made prior to certification. Therefore, the request for reconstruction finger volar plate is not medically necessary.