

Case Number:	CM14-0177161		
Date Assigned:	10/30/2014	Date of Injury:	08/08/2014
Decision Date:	12/08/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/27/2014

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:

According to the records made available for review, this is a 31-year-old male with an 8/8/14 date of injury. At the time (9/15/14) of request for authorization for Soft tissue revision/repair neurectomies, skin soft bone debridement L middle finger, and Post-op occupational therapy 2x4 left hand, there is documentation of subjective (moderate pain on the tip of left middle finger) and objective (sensitive tip) findings, current diagnoses (left middle finger neuroma), and treatment to date (medications). Regarding Soft tissue revision/repair neurectomies, there is no documentation of three months of failed conservative treatment (desensitization and physical therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

Soft Tissue Revision/Repair Neurectomies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Wheelless Textbook of Orthopaedics <http://www.wheelsonline.com/ortho/neuroma>

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, & Hand, Neuroma Treatment.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of red flags of a serious nature, failure to respond to conservative management, including worksite modifications, and clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, as criteria necessary to support the medical necessity of surgical intervention. ODG identifies documentation of three months of failed conservative treatment (such as desensitization and physical therapy), as criteria necessary to support the medical necessity of neurectomy in the hand. Within the medical information available for review, there is documentation of a diagnosis of left middle finger neuroma. However, given an 8/8/14 date of injury, there is no documentation of three months of failed conservative treatment (desensitization and physical therapy). Therefore, based on guidelines and a review of the evidence, the request for Soft tissue revision/repair neurectomies is not medically necessary.

Skin soft bone debridement left middle finger: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

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, & Hand, Neuroma Treatment.

Decision rationale: There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for skin soft bone debridement L middle finger is not medically necessary.

Post-op occupational therapy 2x4 left hand: Upheld

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

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, & Hand, Neuroma Treatment.

Decision rationale: There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for Post-op occupational therapy 2x4 left hand is not medically necessary.