

Case Number:	CM14-0024454		
Date Assigned:	06/11/2014	Date of Injury:	04/04/2013
Decision Date:	08/01/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/26/2014

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 33-year-old gentleman who sustained an injury to the left upper extremity on 4/4/13. The claimant was initially diagnosed with a traumatic laceration with skin avulsion and radial digital nerve laceration, and underwent repair of the flexor tendon on 4/4/13. The progress report dated 1/15/14 noted continued complaints of pain in the left index finger for which current treatment consists of medication management. Examination noted diminished sensation of the left index finger. The recommendation was made for continued care by a hand specialist and surgery for digital nerve repair of the left index finger with possible tenolysis and nerve advancement.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED CARE WITH SPECIALIST FOR LEFT INDEX FINGER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

LEFT INDEX FINGER SURGERY- DIGITAL NERVE REPAIR FOR THE RADIAL DIGITAL NERVE FOR THE LEFT INDEX FINGER WITH POSSIBLE TENOLYSIS ADJACENT TO THE NERVE REPAIR: 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 based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: Based on the California ACOEM Guidelines and the Official Disability Guidelines, the proposed surgery cannot be recommended as medically necessary. The records document that the claimant is well over one year post injury and there is no documentation to support the acute need for surgical repair of a distal radial digital nerve. Given the timeframe from the initial presentation and current clinical picture the acute need of an operative process has not been established. The request is not medically necessary.