MAXIMUS Federal Services

Case Number:	CM14-0040101		
Date Assigned:	06/27/2014	Date of Injury:	02/04/2013
Decision Date:	07/28/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/04/2014

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, has a subspecialty in Hand Surgery and is licensed to practice in Oregon. 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 medical records, the patient sustained an industrial injury on February 04, 2013. The patient was cutting a long piece of crown molding when the saw blade bound and drew his left hand into contact with the spinning blade. He sustained left index finger amputation and now has radial and digital nerve neuromas. He underwent revision amputation of the left index finger after presenting to the ER on the date of injury with almost complete amputation of the finger and complex repair of a 2cm dorsal thumb laceration. He has neuroma pain and has been tried on Lyrica without success. He is also prescribed Norco, which he does not like to take. There is sensitivity, and numbness around the amputation site, weakness, and stiffness. He has limited use of the left thumb. There are color changes, cold sensitivity, his hand turns purple, and sweats more. He also reports puffiness and phantom limb pain. Nail and hair growth appear to be equal bilaterally. An exam reveals mild to moderate discomfort/distress, missing index finger, a bump indicating distal end of the second metacarpal, erythema around the scar, no evidence of infection, equal color bilaterally, equal temperature bilaterally, and no tremors. His surgeon recommends radial and ulnar digital nerve neuroma excisions for the index finger and revision ray amputation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left index finger radial nerve and ulnar nerve digital nerve neuroma excision and implantation of nerves into interosseous musculature. Revision ray amputation for contouring of the 1st web space: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Wheeless Orthopedics Textbook: Neuroma.

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

Decision rationale: The patient sustained an index finger amputation and now has pain in the index finger stump that has not responded to massage, physical therapy, desensitization, Lyrica and narcotics. The neuromas are palpable. The previous reviewed denied the procedures because of concern that surgery could exacerbate the patient's chronic regional pain syndrome. However, the patient has complex regional pain syndrome (CRPS) type 2, and pain is exacerbated by the ongoing nerve injury. While surgery is approached cautiously for patients with CRPS type 1, surgery to treat the instigating nerve lesion is actually the treatment for CRPS type 2. The patient has palpable neuromas and has failed a very reasonable trial of medical management including therapy, desensitization, Lyrica and narcotics. Surgery to eliminate the neuromas and recontour the first web space is indicated to relieve the patient's chronic pain. According to ACOEM, Chapter 11, page 270, a 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, and 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. Therefore the request is medically necessary.