

Case Number:	CM14-0040720		
Date Assigned:	06/30/2014	Date of Injury:	09/29/2013
Decision Date:	07/29/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/07/2014

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 Hand Surgery, and is licensed to practice in Texas. 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:

The injured worker is a 40-year-old female who reported injury on 9/29/13. The mechanism of injury was amputating the tip of the left middle finger while cleaning a slicing machine. Prior treatments included hand therapy and dressing changes. The documentation of 1/27/14 revealed that the injured worker had a deformity of the middle fingernail with a hook nail covering the distal portion of the distal phalanx. There was hypersensitivity of the palmar pad of the middle finger causing the injured worker to withdraw. There was otherwise full motion of the middle finger. The fingertip approximated the distal palm and extended fully. There was normal circulation and prompt capillary filling. The physical examination of the bilateral wrists revealed a positive provocative testing for carpal tunnel syndrome with positive Durkan's compression test. The radiograms of the right middle finger revealed the bone to be completely intact at the distal phalanx. The impression and diagnoses included right middle amputation with a nail horn and residual symptoms and right carpal tunnel syndrome. The injured worker had lost the tip of the right middle finger and as a result developed a hook nail, which was remarkably tender. The recommendation was for removal of the hook nail and a subsequent course of therapy for desensitization and functional use. Additionally, it was indicated the injured worker had apparently developed right carpal tunnel syndrome. The treatment plan included electrodiagnostic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompression surgery: radical excision of bursa, synovia of wrist, or forearm tendon sheaths, Excision of nail and nail matrix, partial or complete (eg. ingrown or deformed nail), for permanent, Nail horn removal surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Surgery, Carpal Tunnel Release Medical Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation WheellessOnline.com.

Decision rationale: The ACOEM guidelines indicate that carpal tunnel surgery is appropriate when it is proved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction test before surgery is undertaken. There were objective findings of carpal tunnel syndrome. However, there was a lack of documentation of a nerve conduction study to support the necessity. This portion of the request would not be supported. The Wheelless Textbook of Orthopaedics online indicated that with nailbed injuries, especially crushing ones, there should be consideration of a total nail plate avulsion. The clinical documentation submitted for review indicated the injured worker had a crushing injury and a partial amputation of her finger. This portion of the surgical procedure would be supported given the painfulness of the nailbed and the development of a hook nail. However, as the request was including a carpal tunnel surgery, which was not supported, the request in its entirety is not supported. Given the above, the request for decompression surgery: radical excision of bursa, synovia of wrist, or forearm tendon sheaths, excision of nail and nail matrix, partial or complete (eg. ingrown or deformed nail), for permanent, nail horn removal surgery is not medically necessary.