

<b>Case Number:</b>	CM14-0048557		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	12/10/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 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 22-year-old male with a reported date of injury on 12/10/2013. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include status post right ring finger laceration with radial digital nerve injury. His previous treatments were noted to include surgery and medication. The progress note dated 02/24/2014 revealed complaints of persistent right ring finger pain rated 7-8/10 with occasional numbness and tingling that were aggravated with prolonged activities and movement of the digit. The physical examination revealed a well healed scar along the right ring finger. The injured worker remained insensate along the radial tip of the right ring finger secondary to the laceration at the base of the tissue. The provider indicated it was not a neuropraxia. There was marked sensory loss of the right ring finger. The electromyography and nerve conduction study of the upper extremities report dated 03/10/2014 revealed a normal electromyography of the upper extremities and the nerve conduction study revealed severe right hand four digit lateral digital branch sensory neuropathy. The progress note dated 03/31/2014 revealed complaints to the right ring finger rated as 7/10 with numbness and tingling. The physical examination revealed diminished touch along the radial aspect of the right ring finger, and the ulnar aspect was intact. The 2 point discrimination of the radial aspect of the right ring finger at 14 mm compared to 4 mm along the contralateral side. Flexion tendons are intact or intact at the right ring finger. The prospective request was for 1 right ring finger exploration, radial digital nerve, possible repair or nerve graft to relieve the injury. The prospective request for 12 sessions of postoperative visits of physical therapy and 1 preoperative clearance with an internist was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 1 right ring finger exploration radial digital nerve, possible repair or nerve graft:** 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 Official Disability Guidelines-Forearm, Wrist, & Hand (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand, Nerve Repair Surgery.

**Decision rationale:** The prospective request for 1 ring finger exploration radial digital nerve possible repair or nerve graft is medically necessary. The injured worker complained of persistent right ring finger pain with occasional numbness and tingling. The Official Disability Guidelines recommend nerve reconstructive surgery by repair or graft for lacerated nerves. After nerve injury, function is lost and the nerve ends will separate. Only if the nerve is surgically repaired soon after injury will it be possible to avoid using nerve grafts to span a gap between the cut nerve ends. The EMG/NCS dated 03/10/2014 revealed a normal EMG of the upper extremities, and nerve conduction studies noted severe right hand fourth digit lateral digital branch sensory neuropathy and lower extremity nerve conduction studies were within normal limits. The injured worker has an obvious digital nerve injury as confirmed by the nerve conduction study and surgery is indicated as a conservative treatment not done for this issue. Therefore, the request is medically necessary.

**Prospective request for 12 sessions of post op physical therapy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19.

**Decision rationale:** The request for prospective request for 12 sessions of post op physical therapy is not medically necessary. The previous request for surgery was approved. The Post-surgical Treatment guidelines recommend 8 sessions over 4 months for post-operative physical therapy with a post surgical physical medicine treatment period of 6 months. Therefore, despite the surgery approval, the request for 12 sessions of physical therapy exceeds guideline recommendations. As such, the request is not medically necessary.

**Prospective request for 1 pre-operative clearance with internist.:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd Edition American College of Occupational and Environmental Medicine (ACOEM) Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 6, page 163.

**Decision rationale:** The prospective request for 1 pre-operative clearance with an internist is medically necessary. The previous surgical request was approved. The CA MTUS/ACOEM guidelines state that if a diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment. A consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. A consultant is usually requested to act in advisory capacity that may sometimes take full responsibility for investigating and/or treating an injured worker with the doctor/patient relationship. The injured worker has been approved for surgery and therefore a pre-operative clearance consult with an internist is appropriate. As such, the request is medical necessary.

**Prospective request for 1 prescription of Vicodin ES, # 60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating therapy Page(s): 77.

**Decision rationale:** The prospective request for 1 prescription of Vicodin ES, #60 is not medically necessary. The previous request for surgery was approved. The California MTUS guidelines state when initiating opioid therapy to start with a short-acting opioid trying one medication at a time. If the injured worker has continuous pain then the extended-release opioids are recommended. Patients on this modality may require a doses of "rescue" opioids. The need for extra opioid can be a guide to determine the sustained release does required. The guidelines state to only change 1 drug at a time and prophylactic treatment of constipation should be initiated. The injured worker has been approved for surgery, however, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.