

<b>Case Number:</b>	CM14-0067082		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	01/02/2014
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Surgeon, has a subspecialty in Sports Medicine, 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:

The injured worker is a 26-year-old female who reported an injury on 01/02/2014 after forcibly twisting her left hand while performing normal job duties. The injured worker was initially diagnosed with a strain of the left thumb. The injured worker's treatment history included physical therapy and anti-inflammatory medications. The injured worker was evaluated on 04/08/2014. Physical findings included positive grind test of the CMC joint with tenderness along the flexor tendon at the metatarsophalangeal level with tenderness over the A1 pulley and a palpable nodule. The injured worker's diagnoses included left thumb flexor tendinopathy with possible post-traumatic stenosing, tenosynovitis of the flexor pollicis longus. The injured worker's treatment plan included surgical intervention and a thumb Spica brace. Prior to the most recent appointment, the injured worker had undergone an MRI of the left finger with attention to the thumb on 03/12/2014. Physical findings included possible injury to the extensor mechanism and volar plate in the first MCP joint with mild palmar subluxation of the phalanx with respect to the metacarpal and lateral collateral ligament thickening and with somewhat irregular consistent strain or chronic partial tear. A Request for Authorization was submitted on 04/24/2014 to support the surgical request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Left Flexor Tenosynovectomy and Possible Release of The A1 Pulley with Exploration of The Volar Plate:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269, 270.

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

**Decision rationale:** The requested 1 Left Flexor Tenosynovectomy with Possible Release of the A1 Pulley with Exploration of The Volar Plate is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention for patients who have clear clinical examination findings of significant deficits correlative of pathology identified on an imaging study that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the patient has persistent symptoms calcitrant to physical therapy. However, the clinical documentation does not provide significant functional deficits that interfere with the injured worker's ability to complete activities of daily living or work or normal job duties. Furthermore, clinical findings are not conclusively supported by the imaging study. Therefore, surgical intervention would not be supported in this clinical situation. As such, the requested 1 Left Flexor Tenosynovectomy with Possible Release of the A1 Pulley with Exploration of The Volar Plate is not medically necessary or appropriate.

**Unknown Pre-Op Labs:** 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:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**12 Physical Therapy Sessions:** 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:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.