

<b>Case Number:</b>	CM14-0067364		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/21/2002
<b>Decision Date:</b>	08/13/2014	<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 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 64-year-old female who reported injury on 10/21/2002. The documentation indicated the injured worker had surgical intervention in 03/2007 and 06/2007 by way of endoscopic carpal tunnel releases, and the injured worker had an endoscopic right cubital tunnel release in 03/2010. The documentation of 04/23/2014 revealed the injured worker had occasional pain if she rested on the ulnar aspect of her elbow or hard object. The injured worker was noted to have relatively normal sensation in the median and ulnar nerves of both hands. The injured worker was noted to have a painful nodule in the palm of her right hand since 2012, and she indicated she was unable to write due to this. The physical examination revealed a 1 cm firm nodule at the base of the right ring finger. There was no triggering of the finger, and the injured worker had full flexion and extension of the finger. The nodule was tender to palpation. The diagnoses included Dupuytren's nodule right hand. The treatment plan included the injured worker was not a candidate for collagenase injections or a needle aponeurotomy, and the only amenable treatment was surgical excision. The request was previously denied as the injured worker did not meet guidelines for excision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Excision Dupuytren's of the right hand:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: TWC Forearm, wrist and hand procedure Summary (last updated 02/18/2014 Dupuytren's release (fasciectomy)).

**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 & Hand Chapter, Dupuytren's release (fasciectomy or fasciotomy).

**Decision rationale:** The Official Disability Guidelines indicate that a Dupuytren's contracture release is considered medically necessary for a contracture at the proximal interphalangeal joint or distal interphalangeal joint or rapid progression of finger contracture or symptomatic fibromatosis in the hand or contracture at the metacarpophalangeal joint that interferes with function. The clinical documentation submitted for review indicated the injured worker had symptomatic fibromatosis in the hand. The nodule was 1 cm. This procedure would be supported. Given the above, the request for Excision Dupuytren's of the right hand is medically necessary.