

Case Number:	CM14-0109137		
Date Assigned:	08/01/2014	Date of Injury:	09/13/2013
Decision Date:	07/21/2015	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Orthopedic Surgery

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 65 year old, male who sustained a work related injury on 9/13/13. He had an injury to left hand while using a circular saw. The diagnoses have included left thumb metacarpal oblique fracture nonunion, extensor pollicis longus tendon adhesion and rule out left carpal tunnel syndrome. Treatments have included surgery to left hand, physical therapy, and medications. In the Orthopedic Consultation note dated 5/15/14, the injured worker complains of pain in his left thumb. He rates this pain level a 2-3/10. Cold temperatures and accidental bumping of thumb make pain worse. The thumb is slightly swollen and he cannot fully bend it. He has some tingling in the thumb. He has decreased range of motion in the left thumb. The radiographs demonstrate an oblique nonunion of the thumb metacarpal shaft on the left. The treatment plan includes electrodiagnostic testing of left arm, then surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORIF (Open Reduction, Internal Fixation) of the left thumb metacarpal non-union with distal radius bone graft, EPL (Extensor Pollicis Longus) tenolysis and endoscopic carpal tunnel release under axillary block hardware needed: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand (Acute & Chronic).

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

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11, Forearm, Wrist and Hand Complaints, page 270, 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, 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. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits and, especially, expectations are very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. In this case the exam note from 5/15/14 does not demonstrate any evidence of failed nonsurgical management or clear evidence of carpal tunnel syndrome to warrant surgical intervention. Therefore the request is not medically necessary.

12 Post-Operative Occupational Therapy Sessions to the left hand: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.