

Case Number:	CM14-0200043		
Date Assigned:	12/10/2014	Date of Injury:	05/25/2014
Decision Date:	01/29/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/01/2014

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 Plastic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Oregon. 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 patient is a 32-year-old female with a date of injury of 5/25/2014. Under consideration is the prospective request for 1 repair of ulnar collateral ligament at interphalangeal joint w/pinning of right thumb, 1 pre-op medical clearance, 12 sessions of post-op occupational therapy, and 1 custom thumb splinting. A review of the medical records indicates the patient was being treated for a right thumb chronic ulnar collateral ligament sprain at the interphalangeal joint. The patient originally was released from care 2 weeks post injury due to resolution of symptoms. She returned for treatment on 07/18/2014 noting Increased symptomatology and was referred to a hand specialist. A course of acupuncture was completed and a cortisone injection was performed. The patient, however, had persisting symptomatology which included localized pain to the ulnar aspect of the interphalangeal joint that was worse with direct pressure. She described her pain as intermittent, moderate, and sharp and rated it between 4-6/10. Evaluation on 10/15/14 revealed significant tenderness to palpation of the ulnar aspect of the interphalangeal joint and laxity to radial stress on the IP joint. MRI of the right thumb, completed 09/02/2014 revealed no evidence of ligamentous or tendinous injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Repair of Ulnar Collateral Ligament at Interphalangeal Joint with Pinning of Right Thumb Under General Anesthesia: Overturned

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

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

Decision rationale: According to ACOEM Chapter 11, 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 "This patient has a clinical exam consistent with thumb IPJ ligament injury. She has pain over her ulnar collateral ligament has pain to radial stress. Although the MRI is normal, detecting an ulnar collateral ligament injury that is chronic can be difficult due to scarring that appears similar on the MRI to intact ligament. MRI is superior for acute rather than chronic ligament ruptures. The patient has clinical findings of a UCL injury and has failed splinting, therapy and injections. Surgery is indicated. The request is medically necessary.

1 Pre-Op Medical Clearance: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative clearance.

Decision rationale: ODG-TWC last updated 11/13/14 states that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and that undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. Patients in their usual state of health who are undergoing cataract surgery do not require preoperative testing. (Feely, 2013)The patient is a healthy 32-year-old female undergoing a minimally invasive surgery. Preoperative testing is not indicated.

12 Sessions of Post-Op Occupational Therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Forearm Wrist and Hand Page(s): 19.

Decision rationale: Per MTUS guidelines PIP and MCP collateral ligament repairs, Postsurgical treatment, 12 visits over 4 months. Postsurgical physical medicine treatment period: 6 months, the request for 12 visits is consistent with the guidelines.

A Custom Thumb Splinting: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Chronic Pain Treatment Guidelines.

Decision rationale: ACOEM and ODG support postoperative splinting to treat fractures and ligament repairs. In this case, splinting is appropriate to protect the healing ligament repair once the protecting K-wire is removed.