

<b>Case Number:</b>	CM14-0201163		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	10/28/2010
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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, and is licensed to practice in Maryland. 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 56 year old male with a reported date of injury on 10/28/10 who requested reconstruction of the right finger joint. Radiographic studies related to the right hand from 7/28/14 notes scattered osteoarthritic changes of the right 5th proximal and distal interphalangeal joints. Documentation from a comprehensive agreed medical examination from 2/12/14 notes a history of injury to the right hand. He underwent surgery of the right index, middle and ring fingers on 7/16/13 to improve mobility and pain. He says that he cannot make a full fist but that it had improved and the pain in his fingers was minimized. His right small finger still does not extend. Examination notes range of motions of the right fingers which are decreased compared to the left fingers. The patient is noted to have suffered open crush injury of the right hand with open dislocation of the PIP joint of the right small finger, surgically reduced, laceration of the volar PIP joint of the right small finger, that was surgically repaired, and lacerations of the distal right palm at the base of the third and fourth fingers, that were surgically repaired. The patient is noted to have undergone capsulectomies of the right MP joints of the index, long and ring fingers on 12/7/11. The patient is noted to have undergone capsulectomies of the right MP joints of the index, long and ring fingers on 12/7/11 and capsulectomies and possible extensor tenolysis of the MP joints of the right index, long and ring fingers for flexion contractures. The patient is noted to have current conditions of metacarpophalangeal joint flexion contractures, and mild interphalangeal joint contractures of the right index, long and ring fingers. The patient is noted to have a current condition of interphalangeal contractures of the right small finger. Recommendation is that the patient does not require, nor is likely to benefit from further surgery on any of his fingers. Documentation from 8/1/14 notes current relevant diagnoses of right PIP-5 joint flexion contracture with possible volar plate contracture, right little finger DIP extension contracture and right 2nd, 3rd, and 4th MCP joint extension lag. Subjective complaints include

limited range of motion of the fingers of the right hand, stiffness of the fingers of the right hand, and pain in the right fingers that increases with certain activities. Examination is unchanged. Assessment includes extreme flexion contracture of the right small finger PIP joint with volar plate contracture and intrinsic tightness of the little finger allowing 80-85 degrees of flexion. The patient is a candidate for volar plate release of the PIP-5 joint along with extensor tenolysis and capsulotomy of the extensor tendon of the PIP-5 joint. Work restrictions were recommended. Specific request recommendations include a diagnosis of right index finger flexion contracture of the PIP joint and extensor contracture of the DIP joint. A request was made on 8/1/14 for recon finger volar plate PIP joint, precut sk fixation PIP joint dislocation, tenolysis of extensor tendon DIP, capsulotomy DIP, extensor tenotomy each tendon DIP, precut sk fixation DIP dislocation, application of a short arm splint and injection of anesthetic peripheral nerve. RFA dated 8/19/14 requested recon finger volar plate PIP joint, precut sk fixation PIP joint dislocation, tenolysis of extensor tendon DIP, capsulotomy DIP, extensor tenotomy each tendon DIP, precut sk fixation DIP dislocation, application of a short arm splint and injection of anesthetic peripheral nerve. The requested procedures were not certified dated 8/28/14. The patient had had an independent evaluation that did not recommend any further surgery of the fingers. The request for surgery has included multiple requests for various different procedures that are not supported by the information provided. Requests were made for PIP joint dislocation with manipulation which has nothing to do with the potential for any aspect of surgical intervention for the digit. The details in regards to the current range of motion have not been clarified sufficiently to support a consideration for surgery. The likelihood of making any clear gains is quite poor. Documentation from 9/12/14 notes current relevant diagnoses of right PIP-5 joint flexion contracture with possible volar plate contracture, right little finger DIP extension contracture and right 2nd, 3rd, and 4th MCP joint extension lag. A request was made on 8/1/14 for recon finger volar plate PIP joint, precut sk fixation PIP joint dislocation, tenolysis of extensor tendon DIP, capsulotomy DIP, extensor tenotomy each tendon DIP, precut sk fixation DIP dislocation, application of a short arm splint and injection of anesthetic peripheral nerve. Subjective complaints include no change in movement of the fingers and abnormal finger is unchanged. Examination is unchanged. Work restrictions were recommended. Documentation from 9/26/14 notes the same relevant diagnoses as on 9/12/14 and request for surgical procedures. Subjective complaints include right long finger deviated towards the ring finger, stiffness of the fingers of the hand, increasing pain in the right fingers with certain activity and increasing pain of the ulnar wrist. Physical exam is unchanged. Assessment includes the following recommendations: release of the volar plate at the PIP joint of the index finger for a right index PIP flexion contracture and tenolysis and capsulotomy of the right index finger DIP extension contracture. Work restrictions were recommended. Documentation from 10/24/14 notes the same relevant diagnoses as on 9/12/14 and request for surgical procedures. Subjective complaints include pain in the right wrist and fingers, stiffness of the fingers of the hand, increasing pain in the right fingers with certain activity and numbness on the top part of the right hand. Physical exam is unchanged with no change in ROM of the fingers, continued chronic pain and continued volar plate contracture. Assessment includes the following recommendations: release of the volar plate at the PIP joint of the index finger for a right index PIP flexion contracture and tenolysis and capsulotomy of the right index finger DIP extension contracture. Work restrictions were recommended. RFA dated 10/28/14 with a diagnosis of right index finger flexion contracture of the PIP joint and extensor contracture of the DIP joint requested recon finger volar plate PIP joint, precut sk fixation PIP joint dislocation, tenolysis of extensor tendon DIP, capsulotomy DIP, extensor tenotomy each

tendon DIP, precut sk fixation DIP dislocation, application of a short arm splint and injection of anesthetic peripheral nerve. UR review dated 11/4/14 did not certify the procedure as there was no comprehensive exam of the hand with deficits to determine medical necessity for the proposed complex revision surgery. The patient has had multiple surgeries. There is reported reduced motion. The patient had surgery about 1 year ago. In addition, there was a recommendation from a comprehensive agreed medical examination against more surgery to the fingers.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Reconstruction of the finger joint:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

**Decision rationale:** The patient is a 58 year old male with a complex history of trauma to the right hand and fingers. He has undergone multiple operative procedures in an attempt to improve range-of-motion. Recent requests for surgical intervention include treatment of a right index finger PIP joint flexion contracture and right index finger DIP extension contracture. However, the degree of the contractures on examination has not been detailed, as well as the relevant effect on his function. The most recent detailed examination was from an independent evaluation on 2/12/14 which did not recommend surgical intervention on the fingers. Finally, the requested procedures for percutaneous fixation of the DIP and PIP joint dislocation are not supported by the medical documentation. There is no evidence of joint dislocations and if this is to help protect the joint releases, it should not be separately coded as fixation of a joint dislocation. From ACOEM, 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 work-site 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. Based on the medical records provided, the requesting surgeon has not adequately defined the patient's condition and its effect on the patient's function. As reasoned above, right finger reconstruction is not medically necessary for this patient.