

Case Number:	CM14-0087851		
Date Assigned:	07/23/2014	Date of Injury:	11/13/2012
Decision Date:	02/28/2015	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/11/2014

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: Maryland, Virginia, North Carolina
Certification(s)/Specialty: Plastic 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:

This 25 year old male was injured 11/13/12 when he sustained a severe crush injury after his left hand was caught in an industrial trash compactor. His surgeries included (4/4/13) left middle finger open reduction internal fixation (ORIF) (plate/ screws) for nonunion of proximal phalanx fracture; left second web space contracture release with skin graft to index/ middle fingers ((8/12/13) and left index and middle finger extensor tenolysis, complex; left index finger proximal interphalangeal joint and distal interphalangeal joint capsulotomies X4 (PIP/DIP) (1/22/14). His diagnoses include flexor tendon scarring, left hand; flexion contractures of the left index finger and middle finger. His medications include Norco. His pain intensity was 1/10. The injured worker was doing physical therapy and experienced marked improvement in active range of motion in middle/ index fingers, improved strength which enabled him to perform most activities of daily living and decreased edema depending on hand position. He is doing home exercises. The physician is anticipating doing another surgery to loosen tendons and make the joint of the index and middle finger straighter. The injured worker has returned to work on modified duty with no use of left hand. On 5/29/14 Utilization Review (UR) non-certified the request for middle finger PIP Capsulotomy Volar Plate and Flexor Tenolysis based on lack of documentation that the injured worker had undergone conservative treatment with failure to improve range of motion and lack of clinical documentation submitted noting care post-operatively (per UR). Guidelines referenced were ACOEM Chapter 11 and Wheelless Textbook of Orthopaedics Online, Tenolysis of Flexor Tendons.

IMR ISSUES, DECISIONS AND RATIONALES

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

Middle Finger PIP Capsulotomy Volar Plate and Flexor Tenolysis: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The patient is a 25 year old male with a history of severe injury to his left hand. He had undergone multiple procedures in repair, reconstruction and revision. His most recent surgery was on 1/22/14 in which he underwent extensor tenolysis of the left index and middle fingers, as well as capsulotomies of the DIP/PIP joints of the two fingers. Hand therapy evaluations were provided in the post-op period noting improvement in range-of-motion and function. However, the most recent evaluations noted a plateau in range-of-motion and strengthening. No further hand therapy visits were authorized and the patient was instructed on a home exercise program. The patient had undergone conservative management with extension splinting as well. Based on continued flexion contractures that are well-documented, the patient was recommended for surgical intervention to improve function. The planned procedures of flexor tenolysis and volar plate release are consistent with standard medical practice given the clinical history and examination findings. From ACOEM, Chapter 11 page 270, surgical considerations are addressed. 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. Volar plate release and flexor tenolysis are standard treatment for flexion contractures/flexor tendon adhesions. From Green's textbook, 'When conservative measures fail to improve a flexion contracture of the PIP joint and the joint remains functionally inadequate, surgical intervention may be indicated. If there are volar skin contractures, Z-plasties or excision of scar tissue and coverage with vascularized skin flaps such as a cross-finger flap should be considered. Any flexor tendon pathology should also be addressed. However, although there are many causes of flexion contractures, the main problem is typically the volar plate and its proximal checkrein expansions. There was improvement in flexion of the index finger and middle finger with the previous surgery, but this did not affect the flexion contractures significantly based on the evaluations from hand therapy. The UR reviewer states that flexor tenolysis is indicated after 3 months of failure to improve in ROM. As the surgery from 1/14 did not address the flexion contracture and that the initial flexor tendon repair was in 2012 at the time of the initial injury, this time limit has been well-exceeded. This also exceeds the 6 month period stated by the UR reviewer to avoid tendon rupture. Finally, the UR reviewer states that there was not evidence that the patient had undergone conservative management with failure to improve in motion. This is demonstrated in review of the hand therapy evaluations that may not have been available to the UR reviewer. Thus, flexor tenolysis and volar plate release of the index and middle finger should be considered medically necessary.