MAXIMUS Federal Services

Case Number:	CM15-0004191		
Date Assigned:	01/15/2015	Date of Injury:	01/17/2014
Decision Date:	03/24/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/08/2015

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, Sports Medicine

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 male who reported an injury on 01/17/2014 due to a crush injury. The injured worker's treatment history included multiple surgical interventions, physical therapy, medications, and immobilization. This request was previously reviewed and received a modified determination to disclude the requested right anterior transposition of the ulnar nerve due to a lack of documentation of conservative treatment directed towards the elbow. An evaluation dated 09/11/2014 was submitted for review. Clinical findings of this evaluation included significant pain related to the right hand and elbow, a deformity of the thumb nail with moderate tenderness of the thumb metacarpal joint with an inability to abduct and adduct. It was noted that the injured worker had tenderness over the radial styloid and a positive Finkelstein. Examination of the right elbow documented moderate tenderness over the olecranon and lateral epicondyle with slight effusion over the olecranon bursa. The injured worker had slightly limited range of motion of the elbow described as 140 degrees in flexion, 0 degrees in extension, 80 degrees in pronation, and 80 degrees in supination. The injured worker's diagnoses included a crush injury of the right thumb, subluxation of the right thumb carpometacarpal, and injury to the nail bed. The injured worker's treatment recommendations at that appointment included anti-inflammatory medications, a splint for the elbow, and a supportive brace for the right thumb with the possibility of surgical consideration. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Thumb Repair of the nail bed,complete fusion of the thumb IP joint Slight Flexion, Right Carpal Tunnel Release, Right Anterior transposition of the Ulbar Nerve: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG-TWC, Reconstruction of nail bed (prosthetic nail), use of arthrodesis,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 270-271, 44-49.

Decision rationale: The requested right thumb repair of the nail bed, complete fusion of the thumb IP joint slight flexion, right carpal tunnel release, and right anterior transposition of the ulnar nerve is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend surgical repair of the fingers when there are signs and symptoms consistent with a diagnosis and pathology identified on an imaging study that have failed to respond to conservative treatment. This request was previously reviewed and received a modified determination to remove the right anterior transposition of the ulnar nerve due to a lack of conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has failed to respond to immobilization of the elbow and responds to the cubital tunnel diagnosis. The injured worker underwent an electrodiagnostic study on 10/24/2014 that identified cubital tunnel syndrome of the right elbow. However, an updated evaluation of the injured worker was not provided for review. The clinical documentation submitted did not identify signs and symptoms consistent with cubital tunnel syndrome. Although surgical repair of the right thumb and right carpal tunnel release would be supported in this clinical situation, the right anterior transposition of the ulnar nerve is still not supported. As such, the requested right thumb repair of the nail bed, complete fusion of the thumb IP joint slight flexion, right carpal tunnel release, and right anterior transposition of the ulnar nerve is not medically necessary or appropriate.

Sling purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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