MAXIMUS Federal Services

Case Number:	CM15-0101077		
Date Assigned:	06/03/2015	Date of Injury:	02/25/2013
Decision Date:	07/09/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/26/2015

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: 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:

The injured worker is a 64 year old female with a history of diabetes mellitus and hypertension, who sustained an industrial injury on February 25, 2013. She reported right hand pain with right index finger pain radiating to the right thumb and decreased range of motion. The injured worker was diagnosed as having an avulsion fracture of the right second metacarpal head on the ulnar aspect associated with post traumatic arthritis plus instability of the second metacarpo-phalangeal joint associated with scarring between the second and the third metacarpal heads which limits the function of the right hand at the index and the long fingers associated with a radial nerve injury with possible referred pain to the dorsum of the right hand, a possible left sixth rib fracture which should be healed and a history of diabetes and hypertension. Treatment to date has included radiographic imaging, diagnostic studies, medications, conservative care and work restrictions. Currently, the injured worker complains of continued right hand pain with radiating pain from the right index finger to the right thumb. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on January 26, 2015, revealed continued pain as noted with decreased range of motion. Magnetic resonance imaging of the right hand revealed post-traumatic arthritis and instability of the joint. Electrodiagnostic studies revealed a nerve lesion without entrapment. Evaluation on March 30, 2015, revealed continued pain, burning and decreased range of motion. Right hand surgical intervention, evaluation and laboratory studies were requested. Evaluation on 4/4/15 is poorly legible but does not appear to document recent conservative management with physical therapy of right index and middle finger stiffness as well

as a steroid injection of the right index finger trigger finger. Documented recent conservative management of the right hand has included medical management and activity modification. Qualified medical examination dated 3/21/14 noted stiffness and pain of the right hand that was not at the time affecting function. Surgical intervention may be necessary in the future if there was evidence of functional compromise. Evaluation on 6/6/15 noted continued pain and stiffness of the right index and middle fingers. Recommendation was made again for surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exploration and release of the right index and middle finger: 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 64 year old female with a history of traumatic injury to the right hand. She has well-documented stiffness and pain of the right index and middle fingers and evidence of a right index finger trigger finger. This has been affecting her function. Documented conservative management has included medical management and activity modification. However, a recent formal trial of physical therapy has not been documented in an attempt to improve range-of-motion prior to any surgical intervention. Therefore, without documentation of reasonable conservative management including attempted physical therapy, surgical intervention should not be considered medically necessary. From page 270 ACOEM, 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. Therefore the request is not medically necessary.

Web space adhesion and intrinsic release of the right index and middle web space area: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/16139624.

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

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

Release of right index trigger finger: 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): 271.

Decision rationale: The patient is a 64 year old female with a history of traumatic injury to the right hand. She has well-documented stiffness and pain of the right index and middle fingers and evidence of a right index finger trigger finger. This has been affecting her function. Documented conservative management has included medical management and activity modification. However, a steroid injection to the right index finger trigger finger has not been documented. Therefore, without documentation of an attempted steroid injection, surgical intervention should not be considered medically necessary. From page 271, one or two injections of lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath of the affected finger are almost always sufficient to cure symptoms and restore function. A procedure under local anesthesia may be necessary to permanently correct persistent triggering. Therefore the request is not medically necessary.

Labs: 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), Low Back, Preoperative lab testing.

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

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

Intrinsic release of right index and middle web space area: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.