MAXIMUS Federal Services

Case Number:	CM15-0104348		
Date Assigned:	06/08/2015	Date of Injury:	08/01/2013
Decision Date:	07/14/2015	UR Denial Date:	05/16/2015
Priority:	Standard	Application Received:	06/01/2015

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: Oregon
Certification(s)/Specialty: Plastic Surgery, Hand 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 25 year old male, who sustained an industrial injury on 8/01/2013. He reported lifting and old style TV tube, when it shattered and resulted in a laceration of the left wrist. The injured worker was diagnosed as having open wound of wrist, with tendon involvement. Treatment to date has included surgical interventions (8/02/2013 and 8/18/2014), medications, and hand therapy. Currently (4/29/2015), the injured worker was seen for follow-up of his spaghetti wrist. Exam noted substantial improvement in range of motion with profound weakness in the thumb, giving him difficulty with grasping. The treatment plan included a surgical procedure, left wrist extensor indicis proprius tendon transfer for thumb deposition, to restore palmar abduction and opposition. His work status was permanent and stationary as of 3/19/2015. Per the Qualified Medical Evaluation Report on this date, tendon transfers would be first and most useful procedure for him.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Extensor Indicis Proprius Tendon Transfer for Thumb Deposition: 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); Forearm, Wrist & Hand (updated 3/9/15 - Online Version, Tendon repairs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, Chapter 34.

Decision rationale: According to Green's Operative Hand Surgery: "There are four widely used, reliable opponensplasties, at least one of which will be appropriate for the vast majority of clinical situations: 1. Flexor digitorum superficialis (FDS) opponensplasty: Royle-Thompson technique or Bunnell technique 2. EIP opponensplasty 3. Huber transfer (ADM) 4 Camitz procedure (palmaris longus). The EIP opponensplasty is increasingly preferred to superficialis transfer in low median nerve palsies because it does not weaken grip and causes little if any functional disability." EIP opponensplasty is medically necessary to restore thumb function following tendon and nerve injuries. Opponensplasty will allow the patient to grasp large objects.