MAXIMUS Federal Services

Case Number:	CM15-0108183		
Date Assigned:	07/22/2015	Date of Injury:	09/02/2014
Decision Date:	08/19/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/04/2015

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:

This 37 year old man sustained an industrial injury on 9/2/2014. The mechanism of injury is not detailed. Diagnoses include severe blast injury of the left hand, post-traumatic stress disorder, status post left hand/middle finger surgical repair and foreign body removal, and thumb radial nail fold injury with ingrowing nail. Treatment has included oral medications, occupational therapy, and surgical intervention. Physician notes dated 4/16/2015 show dissatisfaction with progress of left hand and finger after surgery and therapy. The worker states that his left finger had gotten caught in a door recently and he did not realize this. Recommendations include further surgical intervention; continue occupational therapy, Norco, and Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Middle Finger Flexor Tenolysis Versus Tendon Excision With Hunter Rod Placement, Possible Contracture Release, Nerve Grafting Digital Nerves: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, wrist, & hand.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Book Chapter Flexor Tendon Injury Scott W. Wolfe MD, Robert N. Hotchkiss MD, William C. Pederson MD and Scott H. Kozin MD Green's Operative Hand Surgery, chapter 7, 189-238.

Decision rationale: The patient is a 37 year old male with a history of severe injury to the left hand from a blast injury. His injuries included FDP tendon laceration of the long finger as well as neurovascular injury and fracture of the long finger middle phalanx that extended to the DIP joint. He had undergone initial treatment to include FDP repair of the long finger, as well as ulnar and radial digital nerve repairs (among other repairs). This was complicated by rupture of the FDP repair, infection and possible rupture of the digital nerve repairs. Subsequently, in November of 2014, he underwent debridement of the ruptured FDP. Following this, he underwent extensive physical therapy with limited function of the long finger. He was noted to have a non-protective finger from a sensory standpoint, no motion at the DIP joint and approximately 45 degrees of motion at the PIP joint. His tip to palm measurement was noted to be approximately 7-8 cm. Options had been discussed with the patient to include amputation, no surgery or significant reconstructive surgery. Overall, the patient appears to be a poor candidate for extensive, complicated reconstruction of the long finger. He appears to have no active or passive range of motion of the DIP joint of the long finger. The previous fracture of the long finger middle phalanx that extended into to the DIP joint does not appear to have been assessed post initial injury and could be contributing to the lack of passive ROM at this joint. The lack of active range of motion is explained by the lack of FDP continuity. In addition, the patient does not have a sensate (or protective) finger and is lacking passive range of motion of the PIP joint. With this type of severe condition, lacking sensation and passive range of motion makes for a poor surgical candidate for this type of reconstruction. ACOEM guidelines and ODG do not adequately address secondary two stage flexor tendon reconstruction. From Green's Operative Hand surgery, with regard to flexor tendon reconstruction: “Many factors must be considered when determining the feasibility of two-stage tendon reconstruction. The patient should understand the complexity of the problem and be willing to undertake an arduous postoperative therapy program. The surgeon should decide whether it is justifiable to subject a severely damaged finger to two or more additional surgical procedures. In some instances, arthrodesis or amputation may be a better alternative.” “It is wise to start the patient on a range of motion and scar-softening therapy program to attain maximum preoperative passive range of motion. The surgeon is then afforded the opportunity to evaluate better the patient's willingness to participate actively in therapy. Patients with severe neural or vascular impairment likely would at best make limited gains and should be rejected as candidates for staged reconstruction.” As reasoned above, the patient appears unlikely to gain significant function due to his initial severe injury, lack of passive range of motion of the long finger PIP and DIP joints despite significant physical therapy, and lack of sensation of the volar finger. As the proposed surgeries are unlikely to provide meaningful function, they should not be considered medically necessary.

1 Outpatient Facility: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.