

Case Number:	CM15-0013561		
Date Assigned:	02/02/2015	Date of Injury:	05/15/2014
Decision Date:	04/07/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/23/2015

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: New York

Certification(s)/Specialty: Neurological 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 49 year old male who sustained an industrial injury reported on 5/15/2014. He has reported continued pain, cramping, numbness and tingling in the left hand. The diagnoses have included complicated open wound on the hand with delayed treatment. Treatments to date have included consultations; diagnostic imaging studies; physical therapy with questionable compliance; ice therapy; and medication management. The work status classification for this injured worker (IW) was noted to not be working. On 1/6/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/19/2014, for 1 pre-operative electrocardiogram, and 1 left hand wound exploration with extensor tendon and/or dorsal sensory nerve repair surgery. The American College of Occupational and Environmental Medicine Guidelines, forearm, wrist and hand complaints, tendon/nerve repair; and the Official disability Guidelines, forearm, wrist and hand (acute & chronic), pre-operative electrocardiogram, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) left hand wound exploration with extensor tendon and/or dorsal sensory nerve repair: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist & Hand(Acute &Chronic) chapter-Tendon repairs.

Decision rationale: ODG guidelines recommend immediate surgical repair and early mobilization are essential in preventing adhesion formation and finger stiffness. This patient never had physical exam findings of an extensor tendon laceration. He had a puncture wound. Wound exploration would end up with a far greater scar and wound than what the patient has now. Documentation does not show results from diagnostic block or injection. The requested treatment: One (1) left hand wound exploration with extensor tendon and or/dorsal sensory nerve repair is not medically necessary and appropriate.

One (1) pre-operative EKG: 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.