

Case Number:	CM15-0131824		
Date Assigned:	07/20/2015	Date of Injury:	07/31/2014
Decision Date:	09/24/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/08/2015

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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic 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 31 year old male, who sustained an industrial injury on 07-31-2014 secondary to lacerating left palm while cutting a hose. On provider visit dated 06-12-2015 the injured worker has reported left hand pain. On examination of the left hand was reported being in a glove for protection. Long finger was discolored, palm was noted to have severe sharp throbbing pain and burning sensation, and range of motion of the long finger or adjacent digit can induce severe pain, wrist was sensitive to touch and range of motion revealed pain. Positive Tinel's sign was noted. The diagnoses have included neuralgia-neuritis unspecified, injury to medical nerve, open wound wrist with tendon and joint pain in hand. Treatment to date has included rehabilitation program and medication. The provider requested Left Hand Surgery Wound Exploration, possible painful neuroma resection with Nerve Grafting repair, versus simple neural lysis decompression and pre-operative medical clearance and laboratory studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Hand Surgery Wound Exploration, possible painful neuroma resection with Nerve Grafting repair, versus simple neural lysis decompression: 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), Forearm, Wrist & Hand, Nerve repair surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm.

Decision rationale: CA MTUS/ACOEM is silent on neuroma excision. ODG forearm is referenced. Neuroma excision is indicated after failure of 3 months of appropriate therapies including: active and passive range of motion, adaptive modalities including TENS, contrast baths, & hydrotherapy. Once these treatments have failed, surgical treatment can include excision, reimplantation into muscle or bone or simple neurolysis. Although it has been longer than 3 months, the specific types of non-surgical therapies are not documented. The request is not medically necessary.

Pre-operative Medical Clearance: 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.

Pre-operative CBC: 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.

Pre-operative CHEM7: 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.

Pre-operative PT/PTT: 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.