

Case Number:	CM15-0137200		
Date Assigned:	07/29/2015	Date of Injury:	10/21/2008
Decision Date:	08/26/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/15/2015

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 44 year old male who sustained an industrial injury on 10-21-08. In an office visit note dated 6-11-15, the physician reports the injured worker has pain, weakness, and deformity of left hand and small finger. He notes that the left hand swells after repetitive use. Physical exam reveals an angular deformity of the small finger, it is only deviated at the metacarpal phalangeal joint area and there is significant contracture of 60 degrees of the proximal interphalangeal joint. There is tenderness over the wrists. A bony prominence is palpable near the fifth metacarpal head. Clinically there appears to be a subluxation of the metacarpophalangeal joint of the small finger. The assessment is status post amputation left small finger and severe laceration ring finger, status post 5 conservative surgeries, pain and deformity left small finger, extensor tendon subluxation left small finger, extensor tendon adhesions left small finger, painful bony prominence fifth metacarpal, contracture proximal interphalangeal joint small finger, rotation and angular deformity of the metacarpophalangeal joint of small finger, contracture proximal interphalangeal joint small finger, and left wrist pain. An MRI dated 5-21-15 reveals post-traumatic deformity of the fifth metacarpal phalangeal joint and interphalangeal joints, extensor tendon subluxation, extensor tendon scarring. Work status is full duty. The requested treatment is left extensor tenolysis, extensor realignment and excision of bony prominence 5th metacarpal left small finger and associated surgical service; 12 visits of post-operative therapy 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left extensor tenolysis, extensor realignment and excision of bony prominence 5th metacarpal left small finger: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Treatment in Workers' Comp (ODG-TWC), 13th Edition, 2015.

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

Decision rationale: From ACOEM, page 270, Chapter 11: 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. The patient is a 44 year old male with a history of traumatic injury to the left small finger with amputation. He is noted to have undergone 5 previous reconstructive surgeries. On the most recent evaluation, he is noted to have pain, weakness and deformity of the left small finger. On examination, he is noted to have an angular deformity of the small finger with a significant 60 degree contracture of the PIP joint. His extensor tendon is noted to be subluxed with a bony prominence of the 5th metacarpal head. His range of motion is not specifically documented except that he can make a fist. Specific strength assessment is not documented. Radiographic studies note a bony spur and no stiffened abnormalities. MRI evaluation noted posttraumatic deformity of the 5th MCP joint and IP joints with extensor tendon subluxation and tendon scarring. Options discussed included operative and nonoperative treatment. Overall, based on the documentation provided for this review, this patient has a complex condition that has not resolved with multiple operative interventions. However, a detailed recent conservative management trial to date has not been adequately documented. This was discussed as an option and it is unclear why this would not be attempted prior to further surgical intervention, other than based on the patient's wishes. In addition, the specific active/passive range of motion of the MCP and IP joints, as well as specific strength measurements have not been provided or detailed. Without this information and detailed documentation of a specific recent conservative trial, the proposed surgical intervention should not be considered medically necessary.

Associated surgical service: 12 visits of postop physical therapy, 2x6 weeks: 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.

