

Case Number:	CM15-0137768		
Date Assigned:	07/27/2015	Date of Injury:	12/29/2014
Decision Date:	09/28/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/16/2015

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

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports Medicine

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 64 year old male, who sustained an industrial injury on December 29, 2014. The injured worker was diagnosed as having status post complex crush injury to the right ulnar hand and status post open reduction internal fixation of the right small finger proximal phalanx fracture with extension contracture. Treatment and diagnostic studies to date has included above noted procedure, at least seven sessions of physical therapy, and home exercise program. In a progress note dated June 01, 2015 the treating physician reported pain and decreased range of motion. In a progress note dated June 15, 2015 the treating physician reported ulnar hand soft tissue swelling and right small finger proximal interphalangeal joint active arc with extension of 170 degrees and flexion of 120 degrees. The treating physician requested right small finger extensor tenolysis noting extension contractures of the right small finger. The treating physician requested twelve sessions of post-operative hand therapy for dynamic and passive splinting of the right small finger proximal interphalangeal joint. The treating physician also requested pre-operative physical to include complete blood count, chemistry 20, and electrocardiogram, but the documentation provided did not indicate the specific reasons for requested evaluation and studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right small finger extensor tenolysis: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed., Chapter 8, Fractures of the metacarpals and phalanges, Complications of phalangeal fractures, Loss of motion-page 280.

Decision rationale: This is a request for surgery in an effort to improve finger motion after a December 29, 2014 injury in which a small finger proximal phalanx fracture occurred. Surgery was performed on January 9, 2015 with placement of 2 smooth pins to stabilize the bone and then a second surgery on February 10, 2015 for removal of the pins. The treating surgeon's measurement methodology is atypical, but poor movement is documented in the finger despite therapy. The proposed surgery is beyond the scope of the California MTUS, but described in the specialty text referenced. Although the results of such surgery can be disappointing, it is sometimes successful in improving motion and function. It is appropriate in this case with substantial ongoing stiffness despite maximal non-surgical treatment. This request IS medically necessary.

12 Session of post-op hand therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

Decision rationale: The California MTUS supports up to a maximum 18 postsurgical therapy visits over 4 months following tenolysis surgery with an initial course of therapy being half that number. Additional therapy up to the maximum number of visits is appropriate only if there is documented functional improvement as defined on page one of the guidelines. The requested 12 sessions exceeds the guidelines. This request IS NOT medically necessary.

1 Pre-op physical to include CBC, Ehem 20 and EKG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Noncardiac Surgery: Guidelines and Recommendations MOLLY A. FEELY, MD; C. SCOTT COLLINS, MD; PAUL R. DANIELS, MD; ESAYAS B. KEBEDE, MD; AMINAH JATOI, MD; and KAREN F. MAUCK, MD, MSc, Mayo Clinic, Rochester, Minnesota, Am Fam Physician. 2013 Mar 15; 87(6): 414-418.

Decision rationale: An extensive systematic review referenced above concluded that there was no evidence to support routine preoperative testing. More recent practice guidelines recommend testing in select patients guided by a perioperative risk assessment based on pertinent clinical history and examination findings, although this recommendation is based primarily on expert opinion or low-level evidence. In this case, there is no documented medical history to support the need for the requested evaluation; rather, records indicate the injured worker has undergone multiple surgical procedures without medical or anesthetic complications. Therefore, the request IS NOT medically necessary.