

Case Number:	CM15-0147930		
Date Assigned:	08/11/2015	Date of Injury:	10/07/2013
Decision Date:	09/17/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/30/2015

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 48 year old male, who sustained an industrial injury on 10-07-2013. He reported hitting his hand with a hammer, resulting in fracture of his fifth metacarpal. He underwent open reduction and internal fixation on 10-28-2013, with hardware removal on 6-24-2014. The injured worker was currently diagnosed as having status post tenolysis of extensor tendon and status post hardware removal. Treatment to date has included diagnostics, surgical interventions, and unspecified physical therapy. On 6-24-2015, the injured worker complained of hand pain, rated 3 out of 6 at rest and 6 out of 10 with activity. Associated symptoms included swelling, numbness, and tingling. Work status was modified and he was not working. A physical exam was not documented. Current medication regimen was not noted. The treatment plan included a left D5 MCP (metacarpophalangeal) capsulotomy and hand therapy while surgery pending. A previous progress report (5-13-2015) noted a healed incision and decreased range of motion with stiffness. Pain levels were consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Hand, D5 MCP Capsulotomy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed. Chapter 11, The Stiff Finger.

Decision rationale: This is a request for additional surgery in an effort to diminish pain and small finger metacarpophalangeal joint stiffness following a fracture in 2013 which was treated with internal fixation and a subsequent surgery in June 2014 for hardware removal and releases in an effort to diminish pain and improve motion. The California MTUS would support surgical consultation in a case such as this with fracture and multiple prior surgeries; the requested surgical treatment is beyond the scope of the California MTUS, but described in detail in the specialty text referenced. The surgery performed in June 2014 was for the same indications, but unfortunately failed. In essence, this is a request to repeat treatment which was ineffective. There is no reasonable expectation that a second surgery for additional motion (a third surgery on the injured worker at the injury site) will result in substantial functional improvement, such as return to work. It is probable such surgery would fail as did the June 2014 surgery. Therefore, the request is not medically necessary.