

Case Number:	CM15-0163409		
Date Assigned:	08/31/2015	Date of Injury:	10/29/2013
Decision Date:	09/30/2015	UR Denial Date:	08/01/2015
Priority:	Standard	Application Received:	08/20/2015

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 55-year-old right hand dominant male who sustained an industrial injury on 10-29-13. In a secondary treating physician's initial report; request for surgery dated 4-28-15, the physician notes the injured worker had a blunt injury to the right hand and eventually underwent a tendon surgery in another country. It is noted that the exact nature of the surgery is unclear. He does have significant compromise in function of the right hand with extensive scarring of the middle, ring and small fingers. His ability to flex and grip is limited. JAMAR grip on the right is 18-18-16 and on the left is 32-32-32. The impression is history of blunt trauma involving the right hand 10-29-13, status post right hand extensor tendon surgery with Palmaris longus tendon graft 5-23-14, and post-operative extensor tendon scarring of the right middle, ring, and small fingers. Medications are Diclofenac, Tramadol, and Omeprazole. Previous treatment noted includes surgery of the right hand with a tendon graft 5-23-14, physical therapy, medications, and acupuncture. The requested treatment is right hand extensor digitorum communi tenolysis of the middle ring and small finger as well as the extensor digiti quinti tendon of the small finger, 9 sessions of post-operative physical therapy, and Norco 10-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Hand Extensor Digitorum Communi Tenolysis of the Middle Ring, and Small Finger as well as the Extensor Digiti Quinti Tendon of the Small Finger: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 13 (Hand, Wrist, and Forearm Disorders: Extensor Compartment Tenosynovitis) (2009) page 730.

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

Decision rationale: The patient is a 55-year-old male who had previously undergone significant trauma to the right hand. He had previously undergone right hand extensor tendon reconstruction with a tendon graft in May of 2014. He is noted to significant compromise in hand function due to scarring of the extensor tendons. The patient has undergone extensive non-operative management, including medical management, acupuncture and physical therapy. Overall, the patient has a significant functional deficit related to a lack of extensor tendon gliding from previous complex reconstruction. He is well-documented to have undergone reasonable conservative management without improvement in his function. There is no further treatment that is likely to address his functional compromise. From page 270, ACOEM, 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. As the patient has a clear functional deficit related to lack of extensor tendon excursion and has failed reasonable conservative management, extensor tenolysis should be considered medically necessary. Extensor tenolysis is a well-recognized procedure for correction of tendon scar adherence, following tendon reconstruction. The UR appears to have used guidelines that do not seem relevant to the central aspects of this case. The patient is not documented to have findings of a tenosynovitis and the requested procedures are not consistent with a tenosynovitis as well and are not medically necessary. A steroid injection is not generally indicated in tendon scar adherence.

9 sessions of Post-Operative Physical Therapy: Overturned

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: As extensor tenolysis was considered medically necessary, post-surgical physical therapy should be considered medically necessary based on the following guidelines: Extensor tendon repair or tenolysis DWC: Postsurgical treatment: 18 visits over 4 months. Postsurgical physical medicine treatment period: 6 months. From page 10, "Initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d) (1) of this section. Therefore, based on these guidelines, 9 visits would not exceed the initial course of therapy guidelines and should be considered medically necessary.

Norco 10/325mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 11 (Forearm, Wrist, and Hand Complaints: Hand/Finger Osteoarthritis) (2009) page 151.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75.

Decision rationale: As extensor tenolysis was considered medically necessary, narcotic analgesia following surgery should be considered medically necessary. From page 75 with respect to opioids, 'They are often used for intermittent or breakthrough pain.' Post-procedure pain should be considered an acute event, intermittent and thus, Norco#60 should be considered medically necessary.