Case Number:	CM15-0201226		
Date Assigned:	10/16/2015	**Date of Injury:**	04/29/2015
Decision Date:	12/15/2015	**UR Denial Date:**	09/14/2015
Priority:	Standard	**Application Received:**	10/13/2015

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: Minnesota, Florida
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 29-year-old female who sustained an industrial injury on 04-29-2015. On 07-01-2015, the injured worker underwent flexor pollicis longus tendon and digital nerve repair. According to an MRI report dated 08-23-2015, the injured worker had a 2-month history of pain in the right thumb region. MRI of the right hand showed mass-like scarring of the soft tissues adjacent to the A1 pulley and first metacarpal phalangeal joint. This was likely postsurgical scarring that extended to the tendon and could be restrictive. The flexor pollicis longus tendon was intact and the surgical focus was identified at the level of the mid proximal phalanx. No recurrent rupture was seen. Early arthrosis of the first metacarpal phalangeal joint was noted. According to a progress report dated 09-04-2015, the injured worker was seen in follow up of a laceration of tendon of thumb and laceration of digital nerve. Pain was noted as mild. Numbness and tingling was improving. She reported difficulty bending her thumb. She reported soreness and burning sensation of the scar. She still had sensitivity and reported that is hurt while doing scar massage. She was not fully using this finger for daily activities. Diagnoses included laceration of digital nerve, laceration of tendon of thumb and laceration of thumb. The treatment plan included continuation of therapy. Further surgical options were discussed. An authorization request dated 08-28-2015 was submitted for review. The requested services included tenolysis of FPL, possible pulley reconstruction, possible silicone rod placement, possible tendon transfer, neuroplasty of digital nerve. On 09-14-2015, Utilization Review modified the request for tenolysis of FPL, possible pulley reconstruction, possible silicone rod placement, possible tendon transfer, neuroplasty of digital nerve.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tenolysis of FPL, possible pulley reconstruction, possible silicone rod placement, possible tendon transfer, neuroplasty of digital nerve: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter: Tenolysis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Forearm, wrist, and hand, Topic: Tenolysis.

Decision rationale: The injured worker is a 29-year-old female with a date of injury of 4/29/2015. She sustained a laceration of the right thumb from broken glass. Progress notes dated 9/4/2015 document difficulty with range of motion of the thumb and soreness and burning sensation in the scar. The MRI scan of the right thumb dated 8/23/2015 documents prior surgery including tendon and nerve repair on 7/1/2015. The MRI findings included mass like scarring of the soft tissues adjacent to the A1 pulley and first metacarpal phalangeal joint of the thumb. This was likely postsurgical scarring that extended to the tendon and could be restrictive. The flexor pollicis longus tendon was intact. No recurrent rupture was seen. Early arthrosis of the first metacarpal phalangeal joint was noted. Documentation indicates difficulty with range of motion of the IP joint with probable scarring of the tendon. The thumb was bent with the IP joint in 25 of flexion. There was also a Tinel's sign over the area of the digital nerve repair. The provider requested tenolysis of the flexor pollicis longus and neuroplasty of the digital nerve with possible need to perform a pulley reconstruction and possible silicone rod placement or tendon transfer. Utilization review approved the requested tenolysis and neuroplasty but did not approve the other requests. Documentation indicates that after a discussion with the provider it was decided that should other surgery be necessary, it could be requested postoperatively and submitted for review retrospectively. ODG guidelines indicate flexor tenolysis criteria include willingness on part of the patient to commit to a rigorous postoperative range of motion exercise program, good strength in the flexor and extensor muscles with intact nerves to the flexor muscles, in case of a previous flexor tendon repair surgery should be delayed for 6 months in order to avoid tendon rupture, consideration for a wrist block and propofol anesthesia in surgery to demonstrate active motion after the tenolysis, absence of infection denervation and unstable underlying fractures. Relative contraindications include extensive adhesions, immature previous scars and severe posttraumatic underlying arthrosis. In this case, the Tenolysis has been certified by utilization review along with neuroplasty. The disputed request pertains to possible pulley reconstruction, possible silicone rod placement or possible tendon transfer. Based upon the imaging studies, the flexor tendon and the pulley are intact and there is no indication that a pulley reconstruction is necessary. A silicone rod placement or tendon transfer is also not supported as tendon reconstruction is not needed and the flexor tendon has not re-ruptured. As such, the medical necessity of the combined request is not supported.