

Case Number:	CM15-0206939		
Date Assigned:	10/23/2015	Date of Injury:	08/30/2011
Decision Date:	12/07/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/21/2015

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 58 year old male, who sustained an industrial injury on August 30, 2011, incurring left and right arm injuries and head injuries. He was diagnosed with a crushing injury to the left arm and post-traumatic migraine headaches. Treatment included acupuncture, splinting, home exercise program, physical therapy, and restricted and modified activities. On June 16, 2015, the injured worker underwent a left wrist arthrodesis with iliac crest bone graft, capsulotomy and extensor tenolysis. Currently, the injured worker complained of persistent pain in the upper arm rated 7 out of 10 on a pain scale from 0 to 10 and hand stiffness with numbness and tingling. He noted swelling of the left upper arm with decreased passive range of motion of all fingers of the left hand and severely limited active range of motion of the left hand and wrist. The treatment plan that was requested for authorization included Flexor tenolysis FDS-FDP tendons to left index, middle, right and small fingers with MP capsulotomy and post-operative hand therapy to the left hand two times a week for six weeks. On October 13, 2015, requests for Flexor tenolysis and post-operative hand therapy were denied by utilization review. Documentation from 9/9/15 notes that the patient is doing well following extensor tenolysis, MP capsulectomies and wrist fusion. He is undergoing hand therapy with improved motion at the MP joints. Passive ROM is greater than active ROM at MP joints and PIP joints. Plan is to continue hand therapy and will need flexor tenolysis in approximately 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexor Tenolysis FDS/FDP tendons to left index, middle, right and small fingers with MP capsulotomies: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, and Hand (Online Version) Tenolysis.

MAXIMUS 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, tenolysis.

Decision rationale: The patient is a 58 year old male who had suffered severe traumatic injury to the left hand and had undergone complex reconstruction. He has required multiple surgical procedures in an attempt to improve his hand function. He most recently underwent extensor tenolysis, MP capsulectomies and wrist fusion on 6/16/15. He was noted to be doing well with hand therapy. Based on the most recent examination he was noted to continue hand therapy and would need further surgical treatment in the form of flexor tenolysis. However, based on the most recent documentation, it appears that the patient is still attending hand therapy and may still be progressing. Prior to any surgical intervention, the patient should exhaust reasonable hand therapy, especially if the patient is still making progress. Based on the documentation, it is unclear if the patient is still making gains. In addition, more specific documentation is required regarding his current level of function and restriction of range of motion, especially with respect to flexion. This is not to say that the patient may ultimately benefit from further surgical intervention in the form of flexor tenolysis. However, the current documentation is insufficient to warrant flexor tenolysis at this time. From ACOEM, Chapter 11, page 270, 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. From ODG, with respect to tenolysis, guidelines were provided by the UR. Tenolysis may be indicated for this patient ultimately to improve range of motion, but greater documentation is needed to warrant its use at this time. Therefore, it should not be considered medically necessary.

Post Operative Hand Therapy to the left hand 2 times per week for 6 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.