

Case Number:	CM15-0211731		
Date Assigned:	10/30/2015	Date of Injury:	04/09/2014
Decision Date:	12/15/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	10/28/2015

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: Illinois, California, Texas
 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 45-year-old female who sustained an industrial injury on 4/9/14. Injury occurred when she was packing grapes and pulled a box weighing 20 pounds and felt a sudden pop in her neck with onset of pain radiating to the upper extremities. She underwent a C5/6 spinal fusion with foraminal decompression. A left carpal tunnel release with flexor tenosynovectomy, and manipulation under anesthesia of the left index, long, ring and little finger proximal interphalangeal (PIP) joints was performed on 9/12/15. The 9/21/15 treating physician report indicated that the injured worker was able to maintain extension of the long, ring and little fingers at the PIP joint. The flexion contractures had been corrected. However, she had only about 10 to 15 degrees of active flexion. The treatment plan included aggressive physical therapy for scar massage, desensitization, tendon/nerve gliding exercises, joint mobilization, and gentle strengthening protocols. She subsequently underwent left shoulder arthroscopy with lysis of adhesions, subacromial decompression, manipulation under anesthesia, and capsulectomy of the left shoulder on 10/2/15. The 10/19/15 treating physician report cited continued pain and discomfort throughout the fingers. The carpal tunnel symptoms had subsided somewhat since surgery, and the incision was healing well. Requested therapy had been declined and she had not undergone any therapy sessions with subsequent and recurrent left long, ring, and little finger proximal interphalangeal (PIP) joint contractures greater than 90 degrees. Manipulation under anesthesia for these three fingers was recommended followed by immediate and aggressive extension and splinting with range of motion exercises. Authorization was requested for PIP joint manipulation under anesthesia, for the left long, ring and little fingers. The 10/27/15

utilization review denied the request for PIP joint manipulation under anesthesia as guidelines do not support closed manipulation for contractures of the PIP joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

PIP joint manipulation under anesthesia, left long, ring and little fingers QTY 3.00: 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, Manipulation under anesthesia (MUA).

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 & Hand: Manipulation under anesthesia (MUA).

Decision rationale: The California MTUS guidelines state that surgical consideration may be indicated for patients who fail to respond to conservative management, and 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. The MTUS guidelines do not address manipulation under anesthesia (MUA) of the fingers. The Official Disability Guidelines state that MUA is not recommended for the wrist, hand or fingers. There are no high quality studies published in peer-reviewed journals accepted into Medline. Guideline criteria have not been met. This injured worker presents status post left carpal tunnel release, flexor tenosynovectomy, and MUA of the left index, long, ring and little finger PIP joints. She had not attended post-operative physical therapy. Clinical exam findings documented recurrent finger contractures. There is no compelling rationale to support the medical necessity of MUA as an exception to guidelines prior to attempted conservative treatment. Therefore, this request is not medically necessary.