MAXIMUS Federal Services

Case Number:	CM15-0223852		
Date Assigned:	11/20/2015	Date of Injury:	10/10/2014
Decision Date:	12/31/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/13/2015

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: 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 (n) 59-year-old male, who sustained an industrial injury on 10-10-14. The injured worker was diagnosed as having status post right index finger ray amputation and status post crush injury to the right hand with MF metacarpal fracture. Subjective findings (4-14-15, 6-23-15, 7-21-15 and 8-20-15) indicated some stiffness in the right hand thumb IP joint and MCP3. The injured worker reported that therapy is helpful. Objective findings (4-14-15, 6-23-15, 7-21-15 and 8-20-15) revealed right hand flap is stable and in good position, thumb IP joint is stiff and MCP3 is 20-45 degrees. As of the PR2 dated 9-22-15, the injured worker reported using Norco daily. Objective findings include right hand full-thickness skin graft intact on dorsum, flaps are mobile and 3rd finger 10 degree malrotation with cross over to 4th finger when making a fist. Thumb IP joint is doing well. MCP3 with 10/20 degrees only. Plan is to proceed with excision of FTSG and rotation flap closure, revision of MCP3 arthroplasty and improve malalignment of 3rd finger. Treatment to date has included a right thumb IP joint and right MCP3 surgery on 6-1-15, psychotherapy x 4 sessions, occupational therapy for the right hand, OxyContin and Tramadol. The Utilization Review dated 10-14-15, non-certified the request for an excision of full-thickness skin graft (FTSG) and rotation flap closure, Qty 1, an extensor tenolysis of the right hand and a revision of metacarpophalangeal implant and arthroplasty. The patient is noted to have made some progress with physical therapy but had plateaued and will hold off on any further therapy until surgery has been performed. Home exercise therapy had been initiated as well. Previous revisional surgery has included a silicone implant arthroplasty of the right MCP joint of the long finger and contracture release of the same finger. Documentation

from 8/20/15 noted contracture of the FTSG and flap could close this area to improve function and appearance. Operative note from 6/1/15 notes that the patient underwent multiple reconstructive procedures of the right hand. This included (among other surgeries) right MCP 3 flap reconstruction with excision of scar and local rotation flap, right MCP 3 tenolysis complex, right MCP 3 ulnar sagittal band division and reconstruction, right MCP 3 capsulotomy and contracture release and right MCP 3 silicone implant arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Excision of full-thickness skin graft (FTSG) and rotation flap closure, Qty 1: 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 & Hand (Acute & Chronic) - Tendon repairs.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The patient is a 59-year-old male who had suffered a severe injury to the right hand that required significant revisional surgery on 6/1/15 that included flap reconstruction with excision of scar and local flap reconstruction. On 8/20/15 the patient is noted to have contracture of the FTSG and flap reconstruction could help to improve function and appearance. However, it is not clear the component of his functional deficit related to the FTSG contracture. Documentation from 9/22/15 noted that the flaps were mobile. As stated, it is unclear the exact surgical goal from excision of FTSG and rotation flap closure. The component of hand or finger restriction directly related to the FTSG contracture (and its severity) would need to be detailed prior to authorization for flap reconstruction. It appears it may have been partially performed from the 6/1/15 surgery. From Chapter 11, 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. Therefore, without greater clinical documentation to justify excision of the FTSG and rotation flap closure, this should not be considered medically necessary.

Extensor tenolysis of the right hand: Overturned

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 & Hand (Acute & Chronic) - Tenolysis.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The patient is a 59-year-old male who had suffered a severe injury to the right hand that required significant revisional surgery on 6/1/15 that included previous

tenolysis. The patient is noted to have undergone significant conservative management to include medical management and physical therapy. The patient has plateaued from this nonoperative management. The patient is noted to still have significant restriction in rangeofmotion and poor function despite aggressive physical therapy. The most recent examination noted 3rd finger 10 degree malrotation with cross over to 4th finger when making a fist. Thumb IP joint is doing well. MCP3 with 10/20 degrees only. Therefore, with lack of long finger rangeofmotion noting only 10/20 degrees, further tenolysis appears indicated with failure of physical therapy. Thus, the requested surgery should be considered medically necessary. From Chapter 11, 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 modification. 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. Therefore, extensor tenolysis to improve rangeofmotion and function should be considered medically necessary, given the failure of physical therapy. The UR only states that the clinical information submitted for review fails to meet the evidencebased guidelines for the requested service. However, based on the failure of further extensive physical therapy, the requested tenolysis appears indicated. This request is medically necessary.

Revision of metacarpophalangeal implant and arthroplasty: Overturned

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 & Hand (Acute & Chronic) - Arthroplasty.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The patient is a 59-year-old male who had suffered a severe injury to the right hand that required significant revisional surgery on 6/1/15 that included previous tenolysis. The patient is noted to have undergone significant conservative management to include medical management and physical therapy. The patient has plateaued from this non-operative management. The patient is noted to still have significant restriction in range-of-motion and poor function despite aggressive physical therapy. The most recent examination noted 3rd finger 10 degree malrotation with cross over to 4th finger when making a fist. Thumb IP joint is doing well. MCP3 with 10/20 degrees only. Therefore, with malrotation of the long finger with crossover to the ring finger, revisional arthroplasty of the long finger MCP joint appears indicated with failure of physical therapy. Thus, the requested procedure of revision arthroplasty should be considered medically necessary. From Chapter 11, 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. Therefore, revisional arthroplasty to improve the scissoring of the long finger over the ring finger and improve the loss of function should be considered medically necessary, given the failure of physical therapy. The UR only states that the clinical information submitted for review fails to meet the evidence-based guidelines for the requested service. However, based on the failure of further extensive physical therapy, the requested revision appears indicated. This request is medically necessary.