

Case Number:	CM15-0030847		
Date Assigned:	02/24/2015	Date of Injury:	01/15/2014
Decision Date:	04/13/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/19/2015

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: California
 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 20-year-old male, who sustained an industrial injury reported on 1/15/2014. He has reported continued difficulty with opposition of the thumb and pinch against the ring finger due to decreased function of the left thumb, and pain over the dorsal thumb; status-post hand crush. Exam note of 10/26/14 demonstrates claimant is status-post left thumb non-union repair and pinning - healed; hyper-flexion of the left thumb MCP joint; and bulky hand flap. Fluoroscopy demonstrated evidence of bony fusion. Treatments to date have included consultations; diagnostic imaging studies; left carpal tunnel release surgery (8/21/10); right carpal tunnel release (10/10/10); repeat bilateral open carpal tunnel release surgery (1/6/12); right median nerve decompression and tenosynovial flap nerve wrap (7/20/12); right median nerve extensive neurolysis (11/14/13); physical therapy; and medication management. The work status classification for this injured worker (IW) was noted to be off work until 3/2015. On 1/21/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/13/2015, for left thumb MCP fusion; Left hand flap de-bulking; and possible skin graft. The Official Disability Guidelines, chapter for forearm/wrist/hand, muscle flap de-bulking, keloids, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left thumb MCP fusion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11, Forearm, Wrist and Hand Complaints, 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. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and, especially, expectations is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. In this case the exam note from 10/26/14 does not demonstrate any evidence of red flag condition or clear lesion shown to benefit from surgical intervention. Therefore, the determination is for non-certification

Left hand flap debulking: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Possible skin graft: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.