

<b>Case Number:</b>	CM15-0031865		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	04/26/2014
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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 46-year-old female who sustained an industrial injury on 4/26/14. Injury occurred while driving. She hit the corner of a cement barrier and the steering wheel snapped to the right and then to the left, hitting her hand. She was diagnosed with a significant extension contracture of the left small finger, which was treated with physical therapy and injections. The 10/10/14 electrodiagnostic studies were normal with no evidence of a focal neuropathy. The 1/30/15 three-phase bone scan showed delayed increased uptake in the left carpus consistent with a non-specific arthropathy. The 2/3/15 left wrist and hand MRI findings were consistent with a chronic tear of the scapholunate ligament with small subcortical cysts of the scaphoid and lunate. There was a small ganglion cyst dorsal to the capitate bone. There were bone contusions noted in the second and third metacarpal heads. The 2/9/15 orthopedic report cited frequent mild to moderate left small finger, wrist and hand pain. Associated symptoms include stiffness, weakness, tingling, locking, popping, swelling, deformity, and constant left small finger numbness. Physical exam documented the small finger in an abducted position, ring and small finger tenderness, moderate hand contracture, and inability to complete a full fist. There was painful and limited left 4th and 5th digit range of motion. There was decreased sensation over the ulnar nerve distribution. Left wrist and hand x-rays documented well maintained intercarpal angles with no evidence of osteonecrosis, arthritic changes, or acute fractures. There were osteoarthritic changes of the distal interphalangeal joint of the little finger. The diagnosis was left hand contracture and cubital tunnel syndrome. The treatment plan requested left small finger extensor tenolysis intrinsic release with capsular and collateral release, and right finger intrinsic

release. The 2/9/15 treating chiropractic report cited grade 3-5/10 left hand pain that increased to grade 8/10 with use/activities. The treatment plan noted physiotherapy and chiropractic modalities/procedures. A request for left wrist and hand surgery was submitted. On 2/16/15, utilization review modified the request for left wrist surgery to surgery to the left little finger extensor tenolysis with intrinsic release, capsular and collateral ligament release and left ring finger intrinsic release. The rationale documented a peer-to-peer call indicating that the treating chiropractor had requested surgery on the wrist based on a history from the patient who indicated the orthopedic surgeon wanted surgery on the hand and wrist. The treating chiropractor deferred to the surgeon for specifics on the wrist surgery. The MTUS, ACOEM and Official Disability Guidelines were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Left wrist surgery QTY:1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; Forearm, Wrist, & Hand (updated 11/13/14) Tenolysis.  
<http://www.ncbi.nlm.nih.gov/pubmed/7559824> Hand clin. 1995 Aug;11(3);461-70.

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

**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. Guideline criteria have not been met. This patient presents with frequent mild to moderate left hand and wrist pain. Records documented contractures of the left 4th and 5th fingers that failed to improve with injections and therapy. The 2/16/15 utilization review certified the request for left little finger extensor tenolysis with intrinsic release, capsular and collateral ligament release and left ring finger intrinsic release. A non-specific request for left wrist surgery was submitted by the treating chiropractor. There is no evidence in the file that the orthopedic surgeon planned a left wrist surgery. His request for left hand surgery was certified in utilization review. There is no compelling reason to support the medical necessity of an additional surgical procedure at this time. Therefore, this request is not medically necessary.