

<b>Case Number:</b>	CM15-0032774		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	11/05/2014
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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 34 year old female, who sustained an industrial injury on 11/15/2014. She reports a painful mass on the left ring finger following a contaminated needle puncture wound. Diagnoses include non-traumatic rupture of the flexor tendons of the hand and wrist-ganglion joint. Treatments to date include medication management. A progress note from the treating provider dated 1/28/2015 indicates the injured worker reported a painful mass on the left ring finger. On 2/13/2015, Utilization Review non-certified the request for surgical exploration of the left ring finger to remove deeply embedded foreign body, citing Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgical Exploration, Removal of deeply embedded foreign body, Left ring finger:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guideline (ODG-TWC) Chapter; Forearm, Wrist and Hand.

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

**Decision rationale:** The patient is a 34 year old female who had suffered a penetrating injury to the base of the left ring finger. On multiple examinations, she is noted to have a painful mass in the area. Most recent examination notes a 3 mm mass in this area. MRI examination notes no evidence of abnormality. She has undergone conservative management with activity modification and medical management. Given the clinical findings and failure of conservative management, despite negative radiographic studies, surgical exploration is indicated. MRI may not be able to diagnose all conditions or evidence of foreign body. The UR review states that there is no evidence of a foreign body on radiographic studies. As stated above, there are certain foreign bodies that may not be visualized with MRI evaluations. From ACOEM, 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.