

<b>Case Number:</b>	CM15-0035740		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	05/05/2014
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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 45 year old male who sustained an industrial injury on 5/5/14. The injured worker reported symptoms in the left hand. The diagnoses included rupture of reconstructed left index flexor digitorum profundus status post repair with tendon graft. Treatments to date include hand therapy. In a progress note dated 1/21/15 the treating provider reports the injured worker "feels that he cannot flex index finger as well as he did prior to his tendon rupture." On 2/4/15 Utilization Review non-certified the request for left flexor tenolysis with flap debulking for left hand. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left flexor tenolysis with flap debulking for left hand:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270, Postsurgical Treatment Guidelines. 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:** The patient is a 45 year old male with a history of severe injury to his left hand requiring complex reconstruction including multi-finger amputation, flexor tendon repair and flap reconstruction. His last procedure was 5/14/14 that included a tendon graft due to flexor tendon rupture. He had tenolysis of the rest of the flexor tendon at this time as part of his surgical treatment. Since that time he has undergone significant hand therapy, with an improvement in his function but is still not back to his pre-rupture ROM. He has greater passive than active ROM (90 degrees versus 45 degrees), which implies a tenolysis may assist in improving his functional ROM. He has noted scar adherence within the hand/wrist. In addition, the photographs show severe deformity of the hand and the bulkiness of the flap and probable reasoning for inability to oppose the thumb. Improving range of motion and decreasing flap size appear critical to improving the function of the patient's hand. The patient has failed conservative management at this time and flexor tenolysis and flap debulking appear likely to increase the function of the patient. From page 270, ACOEM, Chapter 11 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, flexor tenolysis and flap debulking should be considered medically necessary. The UR states that there was lack of indication for the patient to undergo a repeat flexor tenolysis. However, this requested tenolysis is actually an initial tenolysis following the flexor tendon graft that was placed due to the ruptured flexor tendon. The timing of the planned tenolysis is also greater than 6 months after the tendon reconstruction and 3 months of physical therapy, which is consistent with ODG. In addition, it is clear from the photographs that the bulk of the flap may be affecting hand function as detailed by the requesting surgeon; even though the patient is able to grasp between the index finger and flap.