

Case Number:	CM15-0042008		
Date Assigned:	03/12/2015	Date of Injury:	06/15/2013
Decision Date:	04/23/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/05/2015

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 39-year-old female, who sustained an industrial injury on 6/15/13. The injured worker was diagnosed as having carpal tunnel syndrome and status post right thumb pulley release with flexor tendon bow stringing. Treatment to date has included right thumb pulley release, physical therapy and oral medications including narcotics. (MRI) magnetic resonance imaging of right thumb was performed on 10/27/14. Currently, on 1/28/15, the injured worker complains of constant right thumb pain and swelling. Physical exam noted swelling to the right thumb with tenderness to volar aspect. Treatment plan is to continue oral narcotic medication and right thumb pulley reconstruction with tendon graft.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right thumb pulley reconstruction with palmaris longus tendon 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, Forearm, Wrist & Hand, Tendon Repair.

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

Decision rationale: CA MTUS/ACOEM Chapter 11, Forearm, Wrist and Hand Complaints, page 270 recommends referral for hand surgery for patients with red flags, failure 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. In this case, the exam note from 1/28/15 does not demonstrate evidence of failure of conservative management with bracing, activity modification or injection. In addition, there is no clear surgical lesion to warrant surgical care. Therefore, the determination is for non-certification. The request is not medically necessary.