

Case Number:	CM15-0044446		
Date Assigned:	03/16/2015	Date of Injury:	09/08/2013
Decision Date:	05/01/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/09/2015

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, Hand Surgery, Sports Medicine

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 51 year old male, who sustained an industrial injury on September 8, 2013. He reported injury of the neck, low back, both shoulders and left hand. Diagnoses include lumbosacral sprain/strain, displacement lumbar intervertebral disc, myelopathy, sprain strain shoulder, rotator cuff sprain, bilateral shoulder strain/sprain, bilateral shoulder impingement syndrome, left small finger laceration with subsequent neuroma, sleep disturbance secondary to pain and depression. Treatment to date has included acupuncture, chiropractic, modalities and medications. Regarding evaluation related to the hand treatment requested, an initial evaluation of April 25, 2014 notes a healed laceration of the small finger with "dorsal, palmar, lateral and medial tenderness." June 11, 2014 reports notes left hand tenderness decreased to "grade 0-1." December 1, 2014 progress report notes 0/10 left hand pain. February 18, 2015 report notes a healed small finger laceration, positive Tinel sign and 4 mm 2-point discrimination in the ulnar aspect of the fingertip. The treatment plan includes continued acupuncture, refills of medications, referral for extracorporeal shockwave therapy of the right shoulder, urine toxicology. The request is for left small finger surgical repair of digital nerve & neuroma excision, and mention of post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left small finger surgical repair to digital nerve & neuroma excision: 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) Treatment in Workers Compensation (TWC); Integrated Treatment/Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 252-257. Decision based on Non-MTUS Citation April 22, 2015 PubMed search.

Decision rationale: In this case the history and examination are not consistent with digital nerve laceration and neuroma formation. Examination of the finger notes circumferential tenderness not focal tenderness as would be expected with a digital nerve injury. The recorded 4 mm 2-point discrimination is normal. If the history and examination were consistent with a digital neuroma, no specific treatment such as attempted desensitization or injection has been performed. At this point over a year following the injury, nerve repair is not possible. As noted above, the recorded fingertip 2 point discrimination is 4 mm excision of the nerve/neuroma would make that worse. An April 22, 2015 search of the National Library of Medicine PubMed database identified no evidence supporting the requested treatment. The request is not medically necessary.

Post-op Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for post-operative therapy is tied to the surgical request, which is not medically necessary. Therefore, the post-operative treatment request is also unnecessary.