

<b>Case Number:</b>	CM15-0050528		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	06/10/2012
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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 female who sustained a work related injury on June 10, 2012, incurring injuries from a screwdriver puncture to the left hand. She was diagnosed with a stab wound to the left hand between the middle and ring fingers and flexor sheath tenosynovitis. Treatment included carpal tunnel surgery, electromyogram studies, neuropathy medications, and pain medications. Currently, the injured worker complains of increased cold tolerance, numbness and tingling of the middle finger and is unable to fully extend the finger without pain. The treatment plan that was requested for authorization included left middle finger flexor tenolysis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left middle finger flexor tenolysis (x 2): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 327.

**Decision rationale:** The CA MTUS would support hand surgery consultation in a case such as this with a specific injury and prior surgical intervention. The request is specific enough that it is beyond the scope of any general guidelines. A September 10, 2014 surgical qualified medical evaluator noted, "additional medical treatment for the finger should not be needed." The most recent report available related to the request is a January 30, 2015 report from a physician assistant who notes the decision regarding surgery will be deferred until the injured worker's next appointment with her surgeon following review of the qualified medical evaluator's report. There is no clinical documentation from the surgeon related to the surgical request and records reviewed suggest the request was made prematurely by a physician assistant. The request for surgery is outside the scope of practice of the physician assistant and can only be made by the treating surgeon. Therefore, there is no clinical support for the surgical request which is determined to be medically unnecessary.