

Case Number:	CM15-0058366		
Date Assigned:	04/03/2015	Date of Injury:	10/02/2014
Decision Date:	05/12/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/27/2015

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: Illinois, California, Texas
 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:

This injured worker is a 52-year-old male who sustained an industrial injury on 10/2/14. Injury occurred when he was working with a saw, and his hand slipped resulting in near amputation of his left index finger. He was diagnosed with an open fracture of the left index finger proximal phalanx with laceration of the extensor tendon, partial laceration of the sublimis and profundus tendons, and transection of the radial digital artery and nerve. He underwent surgical repair on 10/2/14. The 2/24/15 treating physician report indicated that injured worker continued to experience stiffness in the left index finger that was difficulty to flexion. He reported a "firing" down in his finger when he tried to grab something. He could not fully extend the finger. Physical exam documented the incision was mildly hypertrophic with no evidence of infection. There was decreased sensation of radial aspect of the pad, with some paresthesias on the dorsum of the finger. Range of motion documented 0-80 degrees of metocarpophalangeal (MP) flexion, 20-95 degrees of interphalangeal (IP) flexion, and distal interphalangeal (DIP) flexion to 50 degrees. There was tenderness and fullness over the radial P1 in the area of the plate. There was possible scar tissue and possible scarring about the nerve. X-rays showed plate and screw fixation of the 2nd proximal phalanx fracture without interval hardware complication or significant change in alignment. There was persistent offset at the ulnar aspect of the fracture plane. Persistent lucent lines through the distal aspect of the 2nd distal phalanx may be from perioperative K-wires. There was persistent adjacent soft tissue swelling. Future surgery was recommended to try and improve his motion and address his symptoms. Authorization was requested for left index finger deep implant removal, flexor and extensor tenolysis and digital

neurolysis. The 3/11/15 utilization review non-certified this request as there was no clinical evidence of impaired tendon gliding to support the request for tenolysis, and no clear understanding of the specific need for hardware removal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve repair tenolysis hand/palm, removal of implant: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand: Hardware implant removal (fracture fixation); Tenolysis; Nerve repair surgery.

Decision rationale: The California MTUS guidelines do not provide recommendations for these procedures. The Official Disability Guidelines support flexor tenolysis is a surgical procedure used to remove adhesions that inhibit active flexion of digits. Tenolysis is useful to improve function of tendons bound in scar tissue when the indications and techniques are carefully followed. Guidelines state that in spite of successful surgical tendon repair, tendon adhesions can develop during the healing process, when scar tissue develops that connects tendons to the surrounding tendon sheath, thereby impeding normal tendon function and requiring tenolysis. Guidelines state that following fracture healing, improvement in pain relief and function can be expected after removal of hardware in patients with persistent pain in the region of implanted hardware, after ruling out other causes of pain such as infection and nonunion. Guidelines recommend nerve reconstructive surgery by repair or graft for lacerated nerves. Guideline criteria have been met. This injured worker presents status post extensive surgical repair of a near amputation of his left index finger. He has undergone extension occupational therapy with residual limitation in flexion and extension. Physical exam documented limited range of motion and functional grip, and tenderness over the hardware plate. Exam findings were suggestive of scarring about the nerve. Given these clinical indications, this request is medically necessary.