

Case Number:	CM15-0089343		
Date Assigned:	05/13/2015	Date of Injury:	02/08/2012
Decision Date:	06/16/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/08/2015

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 28 year old male who sustained an industrial injury on 02/08/2012. Current diagnoses include left brachial plexus injury, status post radial nerve palsy tendon transfers with scarring with reduced active pull. Previous treatments included medication management, tendon transfers, and hand therapy. Report dated 03/24/2015 noted that the injured worker presented for follow up of radial nerve palsy tendon transfers. It is noted that he had some ulnar deviation of the wrist, which was also present pre-operatively. It was further noted that there has been some scarring per hand therapy. Pain level was not included. Physical examination was positive palpable tendon transfers firing, and ulnar deviation but passively correctable. The treatment plan included planning tenolysis of right pronator teres to ECRB transfer and FCR to EDC transfers with possible tightening, and immediate hand therapy to begin post surgery (24 visits total). Addendum to 03/24/2015 date of service dated 04/07/2015 notes that the prior request was incorrect. It is noted that the injured worker has already undergone prior tendon transfers but now has scarring, the new request is for tenolysis of tendon transfers with possible tightening (left) and post operative hand therapy, total of 12 visits minimum. Disputed treatments include 12 Sessions of post-op occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of post-op occupational Therapy to the left wrist and hand: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

Decision rationale: The patient is a 28 year old male with a history of complex injury and complex reconstruction with multiple tendon transfers in September of 2014. He has undergone extensive conservative management including physical therapy and splinting. He is noted to have reduced active pull and tethering of the tendon transfers, which is affecting his active motion and hand function. Given the time elapse from his initial reconstruction, clinical findings and attempted conservative management, it is reasonable to explore the tendons and perform a possible tenolysis or tendon tightening. 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. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. Based on the overall clinical picture, exploration and tendon tenolysis with possible tendon tightening satisfies these guidelines. The UR review stated that there was no convincing evidence of a discrepancy between active and passive motion. However, the requesting surgeon documented lack of active pull through with tethering of the tendons, which implies a discrepancy. In addition, the UR stated that the extension of the wrist and fingers was not documented. However, the physical therapy note documented this specifically. Therefore, the requested procedures should be considered medically necessary. As the tendon transfer tenolysis was considered medically necessary, postoperative physical therapy should be considered medically necessary based on the following guidelines: Tendon transfers - thumb or finger [DWC]: Postsurgical treatment: 26 visits over 4 months. Postsurgical physical medicine treatment period: 6 months. The tendon transfer guidelines were used as this case is more complex than a simple extensor tenolysis following tendon repair. Based on these guidelines, 12 visits should be considered consistent with these guidelines and should be considered medically necessary.