

Case Number:	CM14-0004413		
Date Assigned:	02/05/2014	Date of Injury:	05/22/2012
Decision Date:	06/20/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/13/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 Physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 39-year-old female Claims Examiner reported a cumulative trauma injury involving the bilateral upper extremities due to computer and desk work, date of injury 5/22/12. She underwent surgery to release the right first dorsal compartment, the A-1 pulley of the thumb and the right middle finger, and a carpal tunnel release on 9/20/12, followed by 9 visits of therapy. She is also status post left carpal tunnel release, left trigger release and release of the first dorsal compartment, and left ulnar nerve release at the elbow. Past medical history was positive for open heart surgery in 2009, type 1 diabetes (currently untreated), and hypertension. The 2/20/13 right hand MRI documented flexion deformity at the distal interphalangeal and proximal interphalangeal joints. The 2/11/13 orthopedic AME report recommended a neurologic consult as the clinical presentation might be complicated by diabetic polyneuropathy and/or early signs of reflex sympathetic dystrophy. He opined that the right hand flexion contraction could arise from palmar fascia hypertrophy or pre-existing Dupuytren's contracture. The possibility of a surgical release of the right palmar fascia with skin grafting was opined. The 10/7/13 neurologic AME report stated that the patient developed a neuropathy pain syndrome, and the initial signs of complex regional pain syndrome which had resolved. The AME opined that there may be a psychiatric component to the right hand deformity that needed further exploration. The 11/11/13 initial hand surgery consult cited subjective complaints of right middle and ring finger pain. The fingers were held in flexion, particularly the middle finger, and to a slightly lesser degree the ring finger. Pain was reported with any attempt to extend the digits, in particular the middle finger. The ring finger also had a degree of flexion contracture despite the fact that it was not operated on. There was slight hypoesthesia involving the median innervated digits, but Tinel's and Phalen's signs were negative. Right grip strength was 0 kg. The provider stated that the patient had almost unsurmountable problems. She was a Type 1

diabetic who had lost her medical coverage, and had previously been on insulin. She had cardiac issues that required work-up before consideration of surgery. The treating physician opined the patient had a combination of adhesions and joint stiffness in the flexor tendons of the middle finger and joint stiffness in the ring finger that had not been operated on. She had no significant function in the right hand, was in poor health, and appeared to be significantly depressed. He opined the need for psychiatric consultation as the outcome of the surgery will be better if she was adequately treated for her depression. The 11/22/13 request was submitted for pre-operative medical clearance, re-release A-1 pulley, tenolysis flexor tendon right middle finger, post-operative physical therapy, and dynamic splinting for the right middle finger. The 1/3/14 utilization review denied the surgical request as it was unclear if the contracture in the hand was related to pain versus a true quadrigia or a flexion contracture of the right middle finger. In addition, there was insufficient evidence that the patient had failed a course of occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

A RE-RELEASE A-1 PULLEY: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), HAND, FOREARM AND WRIST, PERCUTANEOUS RELEASE (OF THE TRIGGER FINGER AND/OR TRIGGER THUMB)

Decision rationale: Under consideration is a request for a re-release of the A-1 pulley. The California MTUS does not provide recommendations for hand surgeries in chronic conditions. The Official Disability Guidelines recommend surgical release of the A-1 pulley where trigger finger symptoms persist. Given the current status of the affected finger, lack of resolution by prior non-operative and operative treatments and significant functional loss, this request for a re-release of the A-1 pulley is medically necessary.

POSTOPERATIVE OCCUPATIONAL THERAPY THREE (3) TIMES A WEEK FOR FIVE (5) WEEKS TO THE RIGHT HAND: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

Decision rationale: Under consideration is a request for postoperative occupational therapy three (3) times a week for five (5) weeks to the right hand. The California Post-Surgical Treatment Guidelines for flexor tenolysis suggest a general course of 30 post-operative visits

over 6 months during the 8-month post-surgical treatment period. Trigger finger release has a suggested post-op treatment course of 9 visits over 8 weeks. An initial course of therapy would be supported for one-half the general course, or 15 visits. Guideline criteria have been met. Therefore, the request for postoperative occupational therapy three (3) times a week for five (5) weeks to the right hand is medically necessary.

PREOPERATIVE MEDICAL CLEARANCE: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation INSTITUTE FOR CLINICAL SYSTEMS IMPROVEMENT (ICSI): PREOPERATIVE EVALUATION

Decision rationale: Under consideration is a request for pre-operative medical clearance. The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guideline criteria have been met. This employee has significant co-morbidities, including type 1 diabetes currently unmanaged, hypertension, and a history of open heart surgery. Therefore, this request for pre-operative medical clearance is medically necessary.

DYNAMIC SPLINT FOR THE RIGHT MIDDLE FINGER: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, AND HAND, STATIC PROGRESSIVE STRETCH (SPS) THERAPY

Decision rationale: Under consideration is a request for is a request for dynamic splint for the right middle finger. The California MTUS guidelines do not provide recommendations for this device in chronic conditions. The Official Disability Guidelines recommend static progressive stretch therapy for established contractures where passive range of motion is restricted and for healing soft tissue that can benefit from constant low-intensity tension. Guideline criteria have been met. Post-operative use of dynamic splinting for an established flexion contracture of the middle finger is consistent with guideline indications. Therefore, this request for a dynamic splint for the right middle finger is medically necessary.

TENOLYSIS FLEXOR TENDON OF THE RIGHT MIDDLE FINGER: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 AND HAND, TENDON REPAIRS

Decision rationale: Under consideration is a request for tenolysis flexor tendon of the right middle finger. The California MTUS does not provide recommendations for hand surgeries in chronic conditions. The Official Disability Guidelines recommend flexor tendon repairs and indicated that early mobilization is essential in preventing adhesion formation and finger stiffness. Given the significant functional loss and established flexion contraction, this request for tenolysis flexor tendon of the right middle finger is medically necessary.