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| <b>Case Number:</b>   | CM14-0146453 |                              |            |
| <b>Date Assigned:</b> | 09/15/2014   | <b>Date of Injury:</b>       | 12/12/2013 |
| <b>Decision Date:</b> | 11/10/2014   | <b>UR Denial Date:</b>       | 08/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/09/2014 |

### 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. The expert reviewer is Board Certified in Orthopaedic 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 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/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 46-year-old male sustained an industrial injury on 12/12/13. Injury occurred when he struck his right hand on the ground during a fall. The patient was diagnosed with a probable sagittal band injury. Conservative treatment included buddy taping, home exercise, activity modification and medications. The 8/4/14 orthopedic report cited occasional popping of the right middle finger with range of motion. Physical exam documented stable metocarpophalangeal (MCP) joint, intact finger strength, and normal sensation. There was ulnar subluxation of the extensor tendon with flexion and self-relocation with extension. The treatment plan recommended extensor tendon recentralization. The 8/14/14 treating physician report cited gradually worsening right hand pain and discomfort. He reported aching of the hand with use and the tendon slides and pops with flexion and extension. Physical exam documented decreased right hand range of motion with tenderness. The index and middle fingers were buddy taped. There was swelling along the right index MCP joints and the second dorsal web space. There was diffuse swelling at the radial aspect of the right middle finger MCP joint and tenderness of the radial sagittal band. There was no signs of dislocations of the MCP joints. Grip strength was 13/11/10 kg right and 59/55/57 kg left. Authorization was requested for right middle finger MCP extensor tendon realignment. The patient was to continue taking Naproxen and Tramadol. The patient was capable of modified work. The 8/21/14 utilization review denied the request for right middle finger surgery as there was no clinical or imaging documentation of extensor tendon subluxation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Middle Finger MCP Extensor Tendon Realignment of the Right Hand: 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) Official Disability Guidelines, Forearm, Wrist & Hand, Tendon repairs

**Decision rationale:** The California MTUS guidelines do not provide specific recommendation for extensor tendon repairs. The Official Disability Guidelines recommend extensor tendon surgery to maintain hand function. Guideline criteria have been met. The patient presents with persistent right hand pain and occasional popping. There is ulnar subluxation of the right middle finger extensor tendon with flexion and self-relocation with extension. Functional limitation is documented precluding return to full duty work. Evidence of 8 months of a reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.