

Case Number:	CM14-0148222		
Date Assigned:	09/18/2014	Date of Injury:	10/21/2013
Decision Date:	10/30/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/11/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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:

The injured worker is a 43-year-old male who reported an injury on 10/21/2013. The mechanism of injury was a crush injury. The diagnoses included status post right index finger extensor tenolysis. The previous treatments included medication, physical therapy, and surgery. Within the clinical note dated 06/10/2014, it was reported the injured worker complained of weakness and pain. Upon the physical examination, the provider noted the right hand revealed a well healed wound. The injured worker had tenderness around the metacarpophalangeal joints. The provider indicated the injured worker is able to fully extend the metacarpophalangeal joint and has full extension. The range of motion of the right index finger at the proximal interphalangeal joint is 0 to 95 degrees and at the distal interphalangeal joint was noted to be 0 to 70 degrees. The provider indicated the injured worker had no instability to radial or ulnar deviation stresses. The request submitted is for a release hand/finger tendon. However, a rationale was not submitted for clinical review. The Request for Authorization was submitted and dated 08/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Release Hand/Finger Tendon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand - Tendon repairs

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, Tendon Repairs.

Decision rationale: The request for a release hand/finger tendon is not medically necessary. The Official Disability Guidelines note tendon repairs are recommended for both flexion and extensor tendon ruptures. Immediate surgical repair and early immobilization are essential in preventing adhesion formation and finger stiffness. Flexor tendon repairs have no significant difference in the clinical outcome after flexor tendon repair using either suture anchors or pull out button techniques, although a significant improvement was found the time to return to work for repairs using a suture anchor technique. Extensor tendon ruptures are usually restored by extensor tendon reconstruction surgery. In injured workers presenting with possible finger extensor tendon rupture, prompt consultation with a hand surgeon is reported to preserve hand function. The clinical request submitted failed to provide the specific type of surgery to be performed. Additionally, the request submitted does not specify which hand is to have the surgery. Therefore, the request for Release Hand/Finger Tendon is not medically necessary.