MAXIMUS Federal Services

Case Number:	CM14-0148228		
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, [redacted] 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:

Physical examination to the right upper extremity 07/07/14- reveals the presence of 2 healed scars on the dorsum of the MP joint. One appears to be older and one more recent, but they both are conjoined and have healed well. There is fullness around the MP joint compared to the contralateral side. - Range of motion is unimpeded and full on all joints. There is some instability and grinding with motion, especially lateral motion at the MP joint, and occasionally with acute passive flexion. - Neurovascular examination is normal. - Grip strength on the right 14, 16, 18, and on the left 68, 78, 72.X-Ray diagnosis of the Right hand per 07/07/14 progress report- blunt injury, right hand, with partial tear of extensor tendon- aggravation of pre-existing fracture of the right second metacarpal head at the metacarpophalangeal joint with joint space irregularity. Operative report dated 06/17/14 states diagnosis as status post right index finger extensor tenolysis.Treatment plans choices per 07/07/14 progress report: 1. corticosteroid injection within the MP joint 2. the most likely choice is surgery to fuse the MP joint. Per progress report dated 08/04/14 by [redacted], the patient received injection in the extensor tendons of the index finger. Patient states there was significant improvement for one week and symptoms recurred. Treatment plans per 08/04/14 progress report by [redacted]:- extensor tenolysis surgery to decrease pain, improve grip strength and allow patient to return to work- after surgery, occupational therapy- surgery will be scheduled as soon as authorized. [redacted] is requesting Durable Medical Equipment MI. The utilization review determination being challenged is dated 08/30/14. It states that "a request was submitted for a right index finger extensor tenolysis, repair extensor communis, postoperative occupational therapy of 12 sessions for the right hand and a postoperative splint."The rationale is ODG states that "splints following tendon repair are an appropriate tool after primary extensor tendon repair. Given that the corresponding tendon repair is not medically warranted at this time, medical necessity for splinting has not been

substantiated and request is non-certified.'[redacted] is the requesting provider, and he provided treatment reports from 02/05/14 - 08/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative splint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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 Chapter- Splints

Decision rationale: The patient presents with pain at the metacarpophalangeal joint of the right index finger. The request is for Durable Medical Equipment MI. X-Ray diagnosis of the Right hand per 07/07/14 progress report includes "blunt injury, right hand, with partial tear of extensor tendon and aggravation of pre-existing fracture of the right second metacarpal head at the metacarpophalangeal joint with joint space irregularity." Treatment plans per 08/04/14 progress report by [redacted] includes extensor tenolysis surgery to decrease pain, improve grip strength and allow patient to return to work. ODG-TWC, Forearm, Wrist & Hand Chapter- Splints states: "splints following tendon repair are an appropriate tool after primary extensor tendon repair."Per utilization review letter dated 08/30/14, the request for Durable Medical Equipment MI, pertains to a postoperative splint of "Metacarpophalangeal joint of the right Index finger." The letter also states that the planned extensor tenolysis surgery has not been authorized, therefore the splint will not be needed. Based on ODG, the request for durable medical equipment MI is supported following surgery. However, per utilization review letter date 08/30/14, surgery has not been authorized. The patient has full range of motion of the MP joint. The request is not medically necessary.