

Case Number:	CM14-0210063		
Date Assigned:	12/23/2014	Date of Injury:	10/20/2014
Decision Date:	02/24/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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: California
 Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 60-year-old female who reported an injury on 10/20/2014 when her finger stuck on a machine causing severe pain to the right ring finger. The clinical note, dated 10/21/2014, revealed patient complaints of pain to the right 4th finger. The injured worker described dull, tingling and numbness, and stated that the pain is moderately severe. Current medications included naproxen and Protonix. Upon examination, the right hand and fingers, there was no noted deformity. The flexor surfaces of the right hand were nontender. The extensor surfaces of the right hand were nontender. There was no tenderness to the right anatomical snuff box. There was no triggering to the right hand flexor tendon or the A1 pulley. There was no restricted range of motion. There was also no instability noted to the right IP joints. There was no muscle weakness in the hand and fingers. Passive range of motion of the right 4th finger was able to go to full flexion; however, falls back into flexion when not supported. The patient's x-rays of the right hand were normal. Diagnosis was sprain/strain of the right finger. Provider recommended repair of the extensor tendon of the right ring finger, postop hand therapy 3 times a week for 3 weeks. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repair Extensor Tendon Right Ring Finger and other treatment necessitated by intraoperative findings: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation ODG (http://www.odg-twc.com/odgtwc/Forearm_Wrist_Hand.htm)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand, Tendon Repair.

Decision rationale: California MTUS/ACOEM Guidelines state that surgical consideration depends on confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, such as risks and benefits, and especially expectations, is very important. The Official Disability Guidelines further state that a tendon repair is recommended with both flexor and extensor tendon ruptures. Immediate surgical repair and early mobilization are essential in preventing adhesion formation and finger stiffness. There was no significant difference in the clinical outcome after flexor tendon repair using either suture anchors or the pull out button technique. The included documentation submitted for review notes that the patient has full range of motion and no tenderness noted upon palpation. There is lack of conservative measures the patient underwent and the efficacy of those measures. Based on the above, surgical intervention would not be indicated. As such, the repair extensor tendon right ring finger and other treatment necessitated by intraoperative findings is not medical necessity.

Post-op Hand Therapy 3x3 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.