

<b>Case Number:</b>	CM14-0211255		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	11/18/2013
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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 49-year-old male who reported an injury on 11/18/2013 due to an unspecified mechanism of injury. On 11/10/2014, he presented for a followup evaluation. He reported that he was doing well, and the splint and physical therapy were helping. A physical examination showed that the left index finger rested in a flexed position and the A2 pulley was incompetent with resultant tendon bowstringing. There was good passive flexion of the DIP and PIP joint, but no active DIP flexion and improved PIP flexion. Sensation was normal, surgical scars were minimally visible, and he had a palmaris longus bilaterally. The diagnoses were rupture of flexor tendon of the finger. It was recommended that he undergo a tenolysis of the flexor tendon of the finger. A request was made for 1 flexor tenolysis and possible A2 reconstruction with autograft of the left index finger. The Request for Authorization form was dated 11/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) flexor tenolysis and possible A2 reconstruction with autograft of the left index finger:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

**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/Hand, Flexor Tenolysis.

**Decision rationale:** The CA MTUS/ACOEM Guidelines recommend surgical consultations for those who have red flags of a serious nature, fail to respond to conservative management, and who have clear clinical and special study evidence of a lesion. The Official Disability Guidelines recommend tenolysis to remove adhesions that inhibit active flexion of digits and to improve function of tendons bound in scar tissue. The injured worker must be willing to commit to a rigorous course of physical therapy, and must have good strength in flexor and extensor muscles of the hand. The documentation provided shows that the injured worker stated he was doing well with the splint he was provided with and the physical therapy was helping. The request for a surgical intervention when the injured worker stated that physical therapy and splinting were helping his symptoms is unclear and would not be supported. In addition, there is no evidence that the injured worker was willing to commit to a rigorous course of physical therapy, or that they had good strength in the flexor and extensor muscles of the hand. In the absence of this information, the request would not be supported by the evidence based guidelines. Therefore, the request is not medically necessary.