

<b>Case Number:</b>	CM15-0111866		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	02/10/2014
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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, Hand 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 31 year old male with a date of injury of 2/10/14. Diagnoses include Open Wound, finger, with complication-healed, Neuroma wrist, and Laceration Finger-complex. In a progress report dated 5/7/15, the primary treating physician notes subjective complaints of left index finger pain with hypersensitivity to touch. The injured worker attended physical therapy one time and reported significant pain afterwards and did not return for any follow up physical therapy visits and at this time he would like to proceed with the surgery as recommended by the hand surgeon. The physical therapy report dated 5/21/15 notes the reason for discharge from therapy is non-compliance. One physical therapy visit was completed on 4/16/15 with the initial pain rating at 1-3 out of 10 and 1-3 at discharge. Gross range of motion on this visit was noted to be within normal limits and gross strength was within functional limits. A 5/19/15 treating physician progress report notes exam of the left hand shows there is a wound laceration noted over the radial aspect with diminished sensation distal to the laceration with tenderness over probable neuroma. Sensation is intact to light touch in the distribution of the radial, median, and ulnar nerves. Work status noted in a 5/19/15 physician progress note is that he may return to work with no restrictions. It is also noted that he wears a finger splint for protection at work and is tolerating his work activities. The requested treatment is repair of chronic digital nerve laceration with possible (PIN) posterior interosseous nerve graft versus implantation of neuroma; and associated surgical services: 12 sessions of post-operative occupational therapy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Repair of chronic digital nerve laceration with possible PIN nerve graft versus implantation of neuroma:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed. Pages 1063-1074.

**Decision rationale:** In this case, the request is for surgical treatment of a presumed finger nerve injury on February 10, 2014; the proposed surgery is beyond the scope of the California MTUS, but is discussed in detail in the specialty text referenced. Records provided for review are inconsistent with the initial report from the date of injury noting, "denies any loss of sensation" and "denies numbness and tingling." But subsequent reports suggesting numbness distal to the injury. There is a lack of documentation of non-surgical treatment such as padding the area, injection and therapy; instead, the records suggest just a single therapy session was performed. At this time, there is insufficient information provided to support the request for attempted surgical repair of a presumed digital nerve injury which occurred over one year ago. Therefore, this request is not medically necessary.

**Associated surgical services: 12 sessions of post operative occupational therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19.

**Decision rationale:** The California MTUS supports up to 8 therapy sessions following surgical treatment of digital nerve injury with an initial course of treatment being 4 visits. The requested 12 sessions exceeds guidelines. Therefore, this request is not medically necessary.