

Case Number:	CM15-0118181		
Date Assigned:	06/24/2015	Date of Injury:	10/13/2014
Decision Date:	09/22/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/18/2015

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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 27 year old male, who sustained an industrial injury on October 13, 2014. The injured worker reported fall and cutting left hand on a piece of metal. The injured worker was diagnosed as having left ulnar neuritis and cubital tunnel, left lateral epicondylitis, left chronic wrist pain and left 4 finger tendonitis, intrinsic tightness and hypoesthesia. Treatment to date has included x-rays, sutures, surgery, occupational therapy, electromyogram and medication. A progress note dated May 1, 2015 provides the injured worker complains of swelling, numbness and twitching in the left hand. Physical exam notes irregular sensation with numbness and weakness of the fingers of the left hand. The plan is to move forward with surgical intervention. There is a request for surgery and associated pre-op and post-op services and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Extensor Tenolysis Procedure to the Left Long, Ring, and Small Digits at the Metacarpophalangeal Joints and Proximal Interphalangeal Joint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Comp, 20th Edition, 2015 Updates: Forearm, Wrist, and Hand Chapter, Tenolysis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand.

Decision rationale: CA MTUS/ACOEM is silent on the indication for tenolysis. ODG hand is referenced. The indication for flexor tenolysis is to restore function in a digit with limited motion from flexor tendon adhesions. The patient must be 6 months from tendon repair and not require immobilization for a concomitant pathology. Repeat tenolysis is not indicated if one surgery fails to achieve increase in range of motion. In this case, the worker has failed one tenolysis. A second tenolysis is not recommended and is therefore not medically necessary.

Post-Operative Tylenol #4, 1 tablet po q4-6h prn for pain, #90 with 1 refill: 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.

Post-Operative Cephalexin (Keflex) 500mg, 1 tablet q6h for 7-days, #30 with 0 refills: 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.

Post-Operative Ondansetron ODT (Zofran) 4mg, 1 tablet po qd, #30 with 1 refill: 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.

Associated Service: Deep Vein Thrombosis Prophylaxis, DVT Max Device for the Bilateral Lower Extremity: 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.

Associated Service: Continuous Passive Motion Device (finger, for 30-days): 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.

Associated Service: Wound Care Cream: 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.

Associated Service: Customized Short Arm Splint: 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.