

Case Number:	CM15-0122308		
Date Assigned:	07/08/2015	Date of Injury:	01/21/2014
Decision Date:	08/06/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/24/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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 22-year-old female who sustained an industrial injury on 1/21/2014 resulting in pain to the left index finger. She was diagnosed with left index finger tenosynovitis. Treatment has included osteotomy of the left index finger with long finger trigger release, post op occupational therapy, home exercise, and medication. The injured worker is presenting with pain in the index finger radiating to the dorsal release. The treating physician's plan of care includes left index finger flexor tenolysis and 12 sessions of post op occupational therapy. She is working with restrictions. Documentation from 5/27/15 noted that the patient is in follow up 3 months after osteotomy left index finger and trigger release of the left long finger. She has pain of the volar index finger and crepitus along the index finger with flexion and extension. Examination noted that the wounds were healed and has good range of motion. Rotation in proper alignment. Fluoroscopy report noted good fracture alignment. Diagnosis is stated as flexor tenosynovitis of the index finger, possibly from osteophyte formation. Recommendation was made for left index finger flexor tenolysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left index finger flexor tenolysis: 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), Hand chapter, Tenolysis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: The patient is a 22 year old female who had previous undergone left index finger osteotomy and is noted to have pain and crepitus with active extension and flexion. The range-of-motion is noted to be good. A request had been made for flexor tenolysis. Overall, there is insufficient justification for surgical intervention in the form of flexor tenolysis. The patient is noted to have some pain and crepitus, but has good range of motion. There is insufficient detail with respect to how this is affecting her function. A flexor tenolysis is generally performed to improve range of motion, as the flexor tendon is adherent to the surrounding structures. This does not appear to be the case for this patient. In addition, documentation from 4/15/15 noted that the patient had improved with hand therapy in her grip and strength. It is unclear if she would continue to benefit from further conservative management. Physical therapy notes from May note a possible reinjury or strain, that does not appear to be addressed by the requesting surgeon. From ACOEM page 270, Referral for hand surgery consultation may be indicated for patients who: have red flags of a serious nature, fail to respond to conservative management, including worksite modifications, have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. Therefore, as there is not a clear justification for flexor tenolysis, it should not be considered medically necessary.

Postop occupational therapy left hand x12 sessions: 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.