

<b>Case Number:</b>	CM15-0122924		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	10/26/2012
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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 35 year old male, who sustained an industrial injury on 10/26/12. The injured worker has complaints of point tenderness to the one area of the median nerve and trigger to the right middle finger. The diagnoses have included trigger finger and neuroma right hand. The documentation noted tenderness I palm. Treatment to date has included excision of neuroma of median nerve of the right palm and release of a 1 pulley at the right ring finger on 1/6/15; magnetic resonance imaging (MRI) right hand on 5/22/15 showed 2 millimeter density at the volar base of the middle phalanx of the fourth ray, unchanged, possibly representing a small avulsion fracture; right carpal tunnel release and removal of neuroma right hand (palm). The request was for synovectomy tendon sheath radical flexor tendon, incision of tendon sheath.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synovectomy tendon sheath radical flexor tendon, incision of tendon sheath:** Upheld

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

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

**Decision rationale:** This is a highly unusual request to repeat surgeries which have already been performed and failed. The injured worker underwent surgery for release and synovectomy of the right ring finger flexor tendons on May 22, 2013, redo release of the same tendons was performed a second time on December 11, 2013 and then the tendons were released a third time on January 6, 2015. There are no records providing a rationale to perform the same surgery a fourth time. It is highly unlikely performing the surgery a fourth time would result in functional benefit for the injured worker, such as return to work; the expectation is that if the surgery is performed again it will fail again. The request is not medically necessary.