

Case Number:	CM15-0125158		
Date Assigned:	07/09/2015	Date of Injury:	09/07/2013
Decision Date:	08/11/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/29/2015

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 22-year-old male, who sustained an industrial injury on 9/07/2013. He reported a slip and fall onto his back when a wheel rolled over the left hand, crushing it subsequently requiring multiple surgical procedures to the left hand including open reduction internal fixation (ORIF) of second through fifth metacarpal fractures. Diagnoses include status post severe crush injury to the left hand with compound fractures of the middle, ring, and small finger metacarpals. Treatments to date include activity modification, splinting, medication therapy, and occupational therapy. Currently, he complained of pain and stiffness of the left hand. On 5/26/15, the physical examination documented adduction contracture and decreased range of motion. The treating diagnoses included severe crush injury to the left hand with contractures and carpal tunnel syndrome. The plan of care included surgery for hardware removal and repair of the left hand. The appeal request was for extensor tenolysis of all digits, adductor release, Zplasty first webspace of the left hand, hardware removal, dorsal capsulotomy metacarpo- phalangeal joint; full thickness and insertion of graft jacket.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Hand Hardware Removal, Dorsal Capsulotomy Metacarpo-Phalangeal Joint, Extensor Tenolysis All Digits, Abductor Release, Zplasty 1st Webspace, Full Thickness Skin Graft and Insertion of Graft Jacket: 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) Treatment Index, 11th Edition (web) (2014 Forearm, Wrist & Hand) & Wheeler's Textbook of Orthopaedics.

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. Chapter 49, The Mangled Upper Extremity Pages 1603-1644.

Decision rationale: The request is beyond the scope of the California MTUS, but the treatment of such complex injuries is discussed in the specialty text referenced. The request is for multiple hand surgeries in an effort to improve movement and function in an individual who sustained a severe hand crush injury with open metacarpal fractures in September 2013. Records by the requesting surgeon are brief, handwritten and poorly legible. The principle procedures proposed extensor tenolysis and dorsal capsulotomies were performed by the same surgeon on October 31, 2013. It is unlikely the same surgeon repeating the same surgeries will obtain substantial functional benefit for the injured worker. The limited information provided does not adequately support the medical necessity for the multiple proposed surgeries.

Post-Operative Occupational Therapy for the Left Hand (24-sessions, 2 times a week for 12 weeks): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

Decision rationale: The California MTUS would support up to 18 therapy sessions over 4 months following extensor tendon repair or tenolysis with an initial course of therapy being half that number and subsequent therapy being appropriate if there were functional benefit from the initial course of therapy. The requested 24 sessions exceeds guidelines. The requested treatment is not supported.