

<b>Case Number:</b>	CM15-0128572		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	01/21/2014
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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:

This 22-year-old female sustained an industrial injury on 1/21/14. She subsequently reported finger pain. Diagnoses include osteotomy of index finger, tenosynovitis of the index finger and fracture of proximal phalanx of finger. Treatments to date include trigger release procedure, modified work duty and prescription pain medications. The injured worker continues to experience pain along the volar surface of the index finger. Upon examination, there was crepitus present along the volar surface of the index finger with flexion and extension. Incisions are healed. A request for Tenolysis left index finger was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tenolysis left index finger:** 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, Criteria for Flexor 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 flexor 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 flexor 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 exam of 5/27/15 demonstrates good range of motion. Based on this the request is not medically necessary.