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| Case Number: | CM15-0178362 | | |
| Date Assigned: | 09/18/2015 | Date of Injury: | 11/03/2013 |
| Decision Date: | 10/29/2015 | UR Denial Date: | 09/03/2015 |
| Priority: | Standard | Application Received: | 09/10/2015 |

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 49 year old male with an industrial injury dated 11-03-2013. A review of the medical records indicates that the injured worker is undergoing treatment for left radial nerve neuroma in continuity and laceration of the left wrist. Treatment has included diagnostic studies, prescribed medications, and periodic follow up visits. In a progress report dated 06-09-2015, the injured worker reported constant pain in the left hand and wrist and swollen thumb. The injured worker rated pain a 6 out of 10. Physical exam revealed decrease range of motion with pain on the left. Some documents within the submitted medical records are difficult to decipher.

According to the progress note dated 08-11-2015, the injured worker presented for treatment following his left wrist laceration. Objective findings (08-11-2015) revealed hypesthesia at the level of the wrist laceration of the first dorsal compartment. Tinel's and Phalen's test were both negative on exam. The treating physician reported that the X-rays revealed small soft tissue calcification at the level radial styloid process. The treating physician also reported that the Electromyography (EMG) performed on 07-11-2015 revealed no electrophysiological evidence of entrapment neuropathy on the left medial and ulnar radial nerves. The treating physician prescribed services for one max NeuraWrap and 1 external neurolysis exploration. The original utilization review determination (09-03-2015) denied the request for one max NeuraWrap and 1 external neurolysis exploration.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 External Neurolysis exploration: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

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. Surgical Technique for the Management of Injury to the Superficial Branch of the Radial Nerve Complicated by Complex Regional Pain Syndrome, page 1982-1983.

Decision rationale: This is a request for surgical exploration of the superficial branch of the radial nerve at the level of an old wrist laceration with persistent symptoms suggestive of nerve injury and a presumed diagnosis of neuroma in continuity complicated by complex regional pain syndrome. In this case, I recommend overturning the utilization review decision. The request is medically necessary. The proposed treatment is beyond the scope of the California MTUS guidelines, which do not mention treatment of such peripheral nerve injuries; the specialty text referenced discusses surgical treatment of this particularly nerve injury complicated by complex regional pain syndrome. This request for external neurolysis refers to surgical identification of the nerve and release of scarring of the nerve to adjacent structures, which is the initial step in surgical treatment of an injured nerve.

1 Max NeuraWrap: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. Surgical Technique for the Management of Injury to the Superficial Branch of the Radial Nerve Complicated by Complex Regional Pain Syndrome, page 1982-1983.

Decision rationale: This is a second request tied to the above neurolysis request. After the injured nerve is identified and adjacent scarring released, various techniques are used to prevent recurrent scarring of the nerve including wrapping the repaired nerve with one of the patient's veins, fat grafts, free muscle transfer and use of commercially available nerve conduits and grafts. All of these options are mentioned in the specialty text referenced. The advantage of an off the shelf wrap such as the requested NeuraWrap which is an absorbable collagen implant manufactured by [REDACTED] is that it avoids any additional surgical trauma associated with harvesting a graft from the patient such as a vein or segment of the sural nerve. This is a relatively rare surgery and there are no prospective randomized comparisons of various grafts to support one over another, but the requested implant is a readily available one manufactured by a major reputable international company and its use in this clinical scenario is medically necessary appropriate.