

Case Number:	CM15-0034480		
Date Assigned:	03/02/2015	Date of Injury:	09/26/2006
Decision Date:	06/04/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/23/2015

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, 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 underwent a right hand a finger surgery in 2014. The mechanism of injury was not provided. The injured worker's prior therapies included physical therapy. The injured worker is a 44-year-old male who reported injury on 09/26/2006. The documentation of 06/11/2014, revealed the injured worker was postoperative day 154, status post right index finger ulnar digital nerves/common digital nerve and right finger radial digital nerve/common digital nerve neurolysis, excision of right hand ulnar dorsal sensory nerve neuroma with burial into the third metacarpal bone and excision of the right forearm ulnar dorsal sensory nerve neuroma with burial into the ulnar bone. The injured worker indicated that he was markedly improved overall. The injured worker indicated the pain was almost fully resolved and the injured worker indicated he was pleased that the extremely painful neuroma had been successfully treated. The injured worker denied fevers or chills. There was no new numbness or tingling. The injured worker attended physical therapy. The physical examination revealed no drainage, cellulitis, hematoma or dehiscence. There was no residual edema. All extensor and flexor tendons were intact. The Tinel's sign was negative at both the ulnar dorsal sensory nerve and the distal forearm and over the palm level overlying the prior location of the middle finger neuroma. There was no evidence of recurrent or residual neuroma formation, at this point the operative sites were both nontender to palpation. There was no triggering. The injured worker was to return in 12 weeks. The documentation of 10/03/2014, revealed the injured worker thought his neuroma was resolved. The injured worker was not feeling a great deal of discomfort.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right forearm neuroma excision: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Forearm, Wrist & Hand, neuroma treatment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate that a referral for hand surgery consultation may be indicated for injured workers who have red flags of a serious nature; fail to respond to conservative management, including worksite modifications and who 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. The clinical documentation submitted for review failed to provide documentation of the quantity of sessions of therapy. There was a lack of documentation of clear clinical and special study evidence to support surgical intervention. There was a lack of documentation indicating whether this was the initial or a secondary request for surgery. Given the above, the request for right forearm neuroma excision is not medically necessary.

Nerve Allograft to Right Hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Forearm, Wrist & Hand.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate that a referral for hand surgery consultation may be indicated for injured workers who have red flags of a serious nature; fail to respond to conservative management, including worksite modifications and who 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. The clinical documentation submitted for review failed to provide documentation of the quantity of sessions of therapy. There was a lack of documentation of clear clinical and special study evidence to support surgical intervention. There was a lack of documentation indicating whether this was the initial or a secondary request for surgery. Given the above, the request for nerve allograft right hand is not medically necessary.

Right Hand Neuroma Excision: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Forearm, Wrist & Hand, neuroma treatment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate that a referral for hand surgery consultation may be indicated for injured workers who have red flags of a serious nature; fail to respond to conservative management, including worksite modifications and who 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. The clinical documentation submitted for review failed to provide documentation of the quantity of sessions of therapy. There was a lack of documentation of clear clinical and special study evidence to support surgical intervention. There was a lack of documentation indicating whether this was the initial or a secondary request for surgery. Given the above, the request for right hand neuroma excision is not medically necessary.