

<b>Case Number:</b>	CM15-0073111		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	03/21/2013
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: Maryland, Virginia, North Carolina  
 Certification(s)/Specialty: Plastic 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:

The injured worker is 49 year old female, who sustained an industrial injury on March 21, 2013. The injured worker has been treated for head, right shoulder, elbow and hand complaints. The diagnoses have included contusion of the head, contusion of the right forearm, mass of elbow joint and upper arm, right posterior interosseous nerve syndrome and right radial nerve palsy. Treatment to date has included medications, radiological studies, electrodiagnostic studies, physical therapy, splinting, stretching and right hand surgery. Current documentation dated January 21, 2015 notes that the injured worker reported persistent radial nerve palsy on the right side. Examination revealed right radial nerve palsy with improvement of the wrist and finger extensors and improvement with thumb extension. The treating physician recommended tendon transfer surgery. The treating physician's plan of care included a request for a left wrist thumb tendon transfer and post-operative physical therapy, four visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Wrist Thumb Tendon Transfer:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov/pubmed/8501383](http://www.ncbi.nlm.nih.gov/pubmed/8501383).

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

**Decision rationale:** The patient is a 49 year old female with 'persistent radial nerve palsy on the right side following surgery on 7/12/13. She has recovered wrist extension and finger extension on this side (but) as inadequate thumb extension.' She has undergone extensive conservative management and appears to have plateaued in her recovery. A tendon transfer for right thumb extension appears indicated, but as documented in the UR review, the left side appears to have been requested. As such, this should not be considered medically necessary as the left side has not been documented to have deficits. From page 270, ACOEM, Chapter 11, Referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature, Fail to respond to conservative management, including worksite modifications, 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. As the left side does not appear to be involved, left tendon transfer should not be considered medically necessary.

**Post-Operative Physical Therapy (4-visits):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.