

Case Number:	CM13-0000850		
Date Assigned:	04/30/2014	Date of Injury:	03/16/2013
Decision Date:	06/09/2014	UR Denial Date:	06/07/2013
Priority:	Standard	Application Received:	06/26/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is an employee of [REDACTED] with an industrial injury date of March 16, 2013. Treatment to date has included intake of medications such as Keflex, and Vicodin. The surgical plan last March 22, 2013 was excision of the necrotic tissue of left index volar pad with the immediate verses delayed split or full-thickness skin graft reconstruction. Official operative reports were not made available. Medical records from 2013 were reviewed showing that patient complained of dull, constant pain at left index finger, graded 8/10 in severity. Symptom was exacerbated by touch and alleviated by rest. There was no numbness or tingling sensation. The most recent objective findings exclude the presence of erythema, edema, increased heat, drainage, blisters, and contamination at the wound and surrounding tissues. Length of wound was 2.5 cm at the left index finger. Depth of the wound was skin and subcutaneous, and the wound shape was rounded. There was no tendon damage, restriction to range of motion, and neurovascular damage. These findings can be compared to physical exam written in March 2013 which revealed a 2.5 x 1.5-cm necrotic area overlying the mid pad of the left index finger. There was obvious loss of soft tissue without evidence of infection. The DIP joint did not appear to be clinically involved. An x-ray of the left hand, dated March 18, 2013, revealed no fracture. A utilization review from June 7, 2013 denied the request for retro-skin graft, left index finger due to lack of history and physical exam findings supporting the requested treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST: SKIN GRAFT, LEFT INDEX FINGER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: ACOEM Guidelines state that surgical considerations depend on the confirmed diagnosis of the presenting hand complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and especially, expectations is very important. The Wheelers' Textbook of Orthopedics states that split thickness skin grafts (STSG) includes the epidermis and various amounts of the dermis while the full thickness skin grafts and thick STSG are thick enough to contain the pilo-sebaceous glands and sweat glands. In this case, the patient accidentally smashed his left index finger resulting in a laceration while at work. X-rays performed excluded fracture. The wound was described as 2.5 x 1.5-cm necrotic area overlying the mid pad of the left index finger without obvious loss of soft tissue. The surgical plan last March 22, 2013 was excision of the necrotic tissue of left index volar pad with the immediate verses delayed split or full-thickness skin graft reconstruction. A report from March 21, 2013 cited that the operative report with the physical findings will be forwarded. However, the official operative report was not made available within the medical records provided for review. The specific type of graft used during the operation is unknown. Due to a lack of documentation, the request is not medically necessary and appropriate.