

Case Number:	CM13-0018470		
Date Assigned:	10/11/2013	Date of Injury:	01/20/2013
Decision Date:	09/05/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	08/29/2013

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 a 29-year-old male who has submitted a claim for status post crush injury to the left forearm, partial amputation index finger, long finger associated with an industrial injury date of January 20, 2013. Medical records from January 2013 through August 2013 were reviewed, which showed that the patient complained of left forearm wounds, mild stiffness in the hand and soreness. Physical examination revealed a healed skin-grafted wound in the midportion of the left forearm. A complex scar in the palm was noted. There was full range of motion in the left elbow. Active range of motion in the forearm as follows: supination at 45 degrees, and pronation at 70 degrees. Active wrist motion on the left as follows: flexion to 30 degrees, extension, radial and ulnar deviation to 0 degrees. Intact flexor and extensor function in all digits and normal sensation to light touch in all digits were noted. An x-ray of the left wrist and hand dated 3/11/13, revealed fractures of the distal radius and ulna with plate and screws in place; partial digit amputations; internally fixed radial and ulnar fractures; and diffuse osteopenia. No callus formation was visualized. Treatment to date has included left radial/ulnar ORIF and distal finger amputation, debridement of the index, long, and ring fingers, allograft application to the forearm, physical therapy, a bone stimulator, and medications, which include Percocet, Clindamycin, Ciprofloxacin, and Norco. Utilization review from August 27, 2013 denied the request for DME: Pilot finger prosthesis. The rationale for determination was not included in the records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PILOT FINGER PROSTHESIS PURCHASE: Upheld

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 Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Section, Prostheses (artificial limbs).

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG Forearm, Wrist, & Hand Section was used instead. A prosthesis may be considered medically necessary when: (1) the patient will reach or maintain a defined functional state within a reasonable period of time; (2) the patient is motivated to learn and use the limb; and (3) the prosthesis is furnished incident to a physician's services or on a physician's order as a substitute for a missing body part. In this case, finger prosthesis was requested following amputation of the patient's left distal index, long and ring fingers. However, the records available did not provide an adequate and thorough evaluation of hand function, and baseline functional testing was not performed. Defined goals and functional state for the intervention and planned duration were also not specified. Moreover, there was no documentation regarding the patient's willingness and motivation to learn and use the limb. Additional information is necessary at this time. The guideline criteria have not been met. Therefore, the request for Pilot Finger Prosthesis Purchase is not medically necessary.