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| <b>Case Number:</b>   | CM13-0024857 |                              |            |
| <b>Date Assigned:</b> | 11/20/2013   | <b>Date of Injury:</b>       | 12/30/2009 |
| <b>Decision Date:</b> | 01/13/2014   | <b>UR Denial Date:</b>       | 08/15/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/14/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

This is a 55-year-old gentleman who was reportedly injured on December 30, 2009. Records indicate a November 5, 2013 assessment with pain management physician, [REDACTED] describing current subjective complaints of low back pain radiating to the left lower extremity with associated numbness, as well as complaints of right upper extremity pain at the level of the shoulders and right hand. Objectively, and specifically to the right hand, there was evidence of increased pain with making a fist with noted amputation at the proximal interphalangeal (PIP) level of the first three digits. The claimant's diagnosis was that of complex regional pain syndrome to the right upper extremity status post hand trauma with status post amputation of multiple digits with neuropathic pain to the right hand. He was to be treated with medication management as well as referral to a hand and upper extremity surgeon for assessment of a right hand prosthetic. Previous assessments for review indicate that the claimant has been treated with multiple interventions to the right upper extremity including stellate ganglion blockades, medication management, activity restrictions and therapy. He has also had prior surgery dating back to October 2010 for revision amputation of the thumb, index, and middle digits with resection of neuromas

### IMR ISSUES, DECISIONS AND RATIONALES

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

**An evaluation for a right hand prosthesis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Prostheses.

**Decision rationale:** California MTUS ACOEM Guidelines are silent. When looking at ODG criteria, the role of a prosthetic in this case to the claimant's right hand would not be supported. The claimant's amputation is noted to have occurred at the level of digits at the PIP joint first through third. Clinical guidelines currently do not recommend the role of digit prosthetic particularly in light of the current clinical setting which involves a diagnosis of chronic regional pain syndrome (CRPS). The specific request in this case would not be indicated or necessary based on the clinical records available for review. The request for an evaluation for a hand prosthesis is not medically necessary and appropriate.

**A consultation with a hand surgeon:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 270.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** Based on California MTUS ACOEM guidelines, consultation to a hand surgeon also would not be indicated. As stated above the need for operative intervention in regard to a prosthetic to the digits would not be supported in light of the claimant's current neuropathic complaints and diagnoses. The role of a hand surgeon consultation thus would not be supported as necessary. The request for a consultation with a hand surgeon is not medically necessary and appropriate.