

Case Number:	CM13-0025653		
Date Assigned:	11/20/2013	Date of Injury:	11/01/2011
Decision Date:	07/28/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/17/2013

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 Texas. 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 injured worker is a 29-year-old male who reported an injury on 11/01/2011. The injury reported was while the injured worker had his finger caught in a food processor. The diagnoses included partial amputation, right index, middle, ring finger. Previous treatments included medication. Within the clinical note dated 08/05/2013, it reported the injured worker complained of pain in his right fingers. The injured worker noted he had tenderness to the tips of his right index, middle, and ring fingers. Upon the physical examination, the provider noted tenderness to the tips of the right index, middle, and ring finger. The provider requested a right hand finger prosthesis and duplicate. However, a rationale was not provided for clinical review. The request for authorization form was submitted and dated 08/05/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT HAND FINGER PROSTHESIS AND DUPLICATES (ONE SET FOR WORK AND ONE SET FOR HOME FOR FUNCTIONAL USAGE): Upheld

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

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, Prostheses (artificial limbs).

Decision rationale: The request for right hand finger prosthesis and duplicates (1 set for work and 1 set for home for functional usage) is not medically necessary. The injured worker complained of pain to the right hand fingers. He complained of tenderness to the tips of the right index finger, middle finger, and ring finger. The Official Disability Guidelines recommend the use of prosthesis. A prosthesis is a fabricated substitute for the missing body part. The Guidelines note a prosthesis may be considered medically necessary when the patient will reach or maintain a defined functional state within a reasonable period of time, the patient is motivated to learn to use the limb, and the prosthesis is furnished incident to a physician's service or on a physician's order as a substitute for the missing part. There is not enough significant objective findings indicating the injured worker has reached or maintained a defined functional state within a reasonable period of time. There is not enough objective clinical findings indicating the injured worker is motivated to learn to use the limb. Therefore, the request for right hand finger prosthesis and duplicates (1 set for work and 1 set for home for functional usage) is not medically necessary.