MAXIMUS Federal Services

Case Number:	CM13-0032763		
Date Assigned:	12/06/2013	Date of Injury:	04/04/2013
Decision Date:	01/24/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	10/08/2013

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 Physical Medicine & Rehabilitation 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:

The patient is a 53-year-old male who reported an injury on 04/04/2013. The mechanism of injury was stated to be glass fell on the patient's finger. The patient was noted to have a resultant amputation of the right 5th digit on 04/05/2013. It was noted due to the patient's right 5th finger amputation, the patient had to do activities with his left non-dominant hand. The patient's diagnoses were noted to include status post right small finger amputation at PIP and sleep disturbance secondary to pain. The request was made for 1 prosthesis of the right hand and small finger (silicone), 1 prescription of Tramadol 50 mg #60 and an unknown prescription of unknown topical medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prosthesis of the right hand and small finger (silicone): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter.

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 Chapter, Prostheses, online version

Decision rationale: California MTUS and ACOEM Guidelines do not address finger prosthesis. Official Disability Guidelines recommend a prosthesis may be considered medically necessary when the patient will reach or maintained a defined functional state within a reasonable period of time and the patient is motivated to learn to use the limb. The patient's left had been noted to be getting tired and painful from overuse. Objects were noted to fall from the patient's hand due to the loss. The patient was noted to have trouble with grabbing activities, holding utensils, trying to eat, trying to tie shoes, and personal hygiene. The patient was noted to have concerns about driving a car, lifting a glass, and lifting aluminum at work. It was noted the patient was motivated to use the finger. The clinical documentation submitted for review indicated the patient had functional deficits that would support the use of the prosthesis. It was noted the patient would benefit from the use of a prosthesis finger in duplicate to the right No. 5 pinky in order to complete basic work skills such as pushing buttons, holding phones, opening doors, opening drawers, sorting files, turning pages, operating a keyboard, stability and dexterity to hold a pen, hold paper down, turn the pages of a book, and hold a cup of coffee. Additionally, it was noted it would be beneficial as the patient would be able to able to hold a spoon, tie shoes, button clothes, brush her hair, brush her teeth, and perform personal hygiene. It was noted the patient was motivated to learn to use the prosthesis. The request for a prosthesis of the right 5th digit would be supported, however, the request as submitted was for 1 prosthesis of the right hand and small finger (silicone) and there is a lack of documentation indicating the patient needs a prosthesis of the right hand itself. Given the above, and the lack of clarification, the request for 1 prosthesis of the right hand and small finger (silicone) is not medically necessary.