

<b>Case Number:</b>	CM13-0048639		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/21/2013
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 Hand surgery, and is licensed to practice in Oregon. 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 sustained an industrial injury on May 21, 2013, involving a crush injury of the left thumb. The patient underwent open reduction and pinning of the distal phalanx and the thumb, fusion of the IP joint and the left thumb, and nail bed repair. The patient participated in at least 24 sessions of physical therapy. The therapy note dated 8/19/13 describes a tough eschar anchored to the tip of the patient's thumb that has been resistant to in clinic wound care. Exam showed exposed distal phalanx. Debridement was recommended. Debridement was performed on 9/11/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left thumb debridement of bone and closure:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

**Decision rationale:** This patient had a crush and partial amputation of his thumb. He was appropriately treated with open reduction and pinning of the distal phalanx and the thumb, fusion of the IP joint and the left thumb, and nail bed repair. The distal skin suffered necrosis resulting

in exposure of the distal phalanx of the thumb. Left untreated, the exposed bone would have inevitably become infected. Moreover, the exposed bone was painful and interfered with thumb function. Options for treatment included flap coverage or the much simpler procedure of debridement and wound closure. The debridement and wound closure were necessary to prevent osteomyelitis and to improve thumb pain and function. According to the ACOEM guidelines: Referral for hand surgery consultation may be indicated for patients who: - Have red flags of a serious nature - Fail to respond to conservative management, including worksite modifications - Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention Removal of the exposed bone is appropriate to improve thumb function and pain.