

<b>Case Number:</b>	CM13-0055301		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/14/2009
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Plastic and Reconstructive Surgery and is licensed to practice in Maryland. 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 54 year old right hand dominant male with a reported date of injury on 12/14/2009. He is reported to have suffered crush injury to his right hand/fingers from a fan injury. He had undergone multiple surgical procedures for treatment and reconstruction including partial amputation of the thumb with treatment of the nailbed. Most recently he had undergone right thumb amputation revision, nailbed reconstruction and advancement flap reconstruction on 1/28/13 along with extensor tenolysis/capsulotomy of the right long and ring fingers. Following this procedure on 6/6/13 the patient was noted to have a persistent bifurcation of the right thumbnail and soft tissue irregularity on the distal, radial aspect of the right thumb with excess mobility. He is documented to have undergone continued occupational/hand therapy and home exercise program. On 8/5/13 the patient was noted to have an irregular nail of the right thumb and difficulty with grasping/gripping 'left' thumb/fingers (this is presumed to be the right side given no documented history of left sided trauma). On 9/4/13, the patient was noted to have continued 'difficulty with gripping and grasping due to the absence of a nail bed of the thumb, sensitivity, pain, scars, and loss of range of motion due to thickening of the tissues and scar tissue.' The patient complains of 'thickening thumb pad' and 'no nailbed reinforcement to help with gripping.' On 9/16/13 the patient was noted to have an abnormal bifid thumbnail, pain of the distal thumb, and irregular contour of the distal right thumb. From documentation on 10/14/13, the patient is noted to complain of limited range-of-motion and stiffness of all fingers, as well as deformity of the nail of the right thumb, and difficulty with grasping/gripping of the left/thumb fingers. Recommendation was made for right thumb revision amputation with nailbed reconstruction using right great toe nailbed, and right ring finger extensor tenolysis and capsulotomy. Diagnosis was stated as right thumb contour abnormality with excess soft tissue and nailbed abnormality. On 10/21/13 the patient is noted to have lack of support on the radial

side of the thumb due to partial amputation of the distal phalanx, as well as bifid/irregular thumbnail. On 11/11/13, the patient's examination is unchanged. He complains of right thumb pain and no change in right thumbnail. Reasoning for the procedure includes difficulty with gripping and grasping with the 'left' thumb and fingers due to absence of the nailbed and sensitivity to the tips of the fingers. Examination dated 12/5/13 notes right thumb with 'floppy ulnar edge (no nailbed support)' and plans for revisional surgery. Utilization review dated 10/28/13 documented non-certification of a right thumb spica splint, right thumb revision of amputation and thumbnail reconstruction, 12 occupational therapy sessions, and preoperative medical clearance. Reasoning given was that 'the clear indication and benefit of the requested right thumb revision of amputation and thumbnail reconstruction was not elaborated. Also, a recent comprehensive evaluation of the right thumb was not provided for review.' Thus, medical necessity has not been established. The reviewer stated that the requested thumb spica splint, 12 occupational therapy sessions and preoperative medical clearance may be indicated, but was not certified as the primary procedure was not certified. The only reports from the requesting physician (██████████) documented for review was from a progress note dated 10/14/13 and an operative report dated 1/28/13.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**One Right thumb spica splint:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines.

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

**Decision rationale:** Although not specifically addressed in the CA MTUS, but as stated in ODG, with respect to splints and fracture treatment, 'Recommended for treating displaced fractures. Immobilization is standard for fracture healing although patient satisfaction is higher with splinting rather than casting.' For the planned procedure, bony resection is planned and thus a post-operative splint should be considered medically necessary for stabilization of the thumb. This is alluded to in the utilization review with the statement that the 'requested thumb spica splint, 12 occupational therapy sessions and preoperative medical clearance may be indicated.'

**One right thumb revision of amputation and thumbnail reconstruction:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines.

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

**Decision rationale:** I would argue that surgical consideration is consistent with CA MTUS ACOEM as he had failed non-operative management and total temporary disability from his

worksite. He has continued with a functional deficit related to the amputated thumb and abnormal nailbed. The patient has been documented to have suffered partial amputation of the thumb and requires further revision amputation given the unstable thumb pad. From the documentation that is repeated on multiple occasions and documented on 12/5/13 the right thumb has a 'floppy ulnar edge (no nailbed support)'. This would also signify a functional deficit that could be corrected with further amputation/revision. Thus, in summary based on the CA MTUS ACOEM, ODG and the above accepted hand surgery text, nailbed injuries can create functional deficits that have been adequately documented. A reasonable/accepted solution is to provide a graft from the great toe and revision of the amputated thumb to improve function. The utilization review stated that 'the clear indication and benefit of the requested right thumb revision of amputation and thumbnail reconstruction was not elaborated. Also, a recent comprehensive evaluation of the right thumb was not provided for review.' I would argue that there was a clear indication/benefit from the requested surgical intervention as its goal was to improve function that was documented on multiple occasions and that the planned procedures were accepted procedures based on the above reasoning. The degree of functional deficit and adequate examination detail was provided. In addition, the utilization review did not appear to have available follow-ups that were available to this review.

**Twelve occupational therapy sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19.

**Decision rationale:** Because the procedure is deemed medically necessary, post amputation hand therapy is indicated as documented below: Post-amputation: Amputation of thumb without replantation [DWC]: 16 visits over 3 months \*Post surgical physical medicine treatment period: 6 months Thus, the requested 12 occupational visits falls within the above recommendations. Again, as stated by the utilization review, the 'requested thumb spica splint, 12 occupational therapy sessions and preoperative medical clearance may be indicated.

**"Associated surgical service" One preoperative medical clearance:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines.

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

**Decision rationale:** For any planned procedure, risk stratification of a patient is important and can be addressed with a preoperative evaluation. The utilization review stated that the requested thumb spica splint, 12 occupational therapy sessions and preoperative medical clearance may be indicated. Thus, I would argue that as the planned procedure is now medically necessary, an evaluation of the patient preoperatively is necessary as well. The patient has a history of

hypertension and malaria, which could complicate any planned procedure involving general anesthesia. I would argue that to adequately satisfy informed consent, a preoperative evaluation is necessary to stratify risk and is an integral process for any consideration for surgery.