

Case Number:	CM14-0003907		
Date Assigned:	02/12/2014	Date of Injury:	10/24/2012
Decision Date:	06/24/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/10/2014

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 60-year-old male who reported an injury on 10/24/12 when he injured his left thumb while utilizing a drill. The clinical note dated 10/26/12 indicates the injured worker complaining of a throbbing type pain at the left thumb. Upon exam, a palmar wound was identified at the left thumb. No erythema, edema, or discharge was identified. Tenderness was identified upon palpation over the wound. The clinical note dated 03/07/13 indicates the injured worker showing a hypersensitive scar formation at the left thumb at the laceration site. Upon exam, a very sensitive scar was identified at the laceration site. Numbness was also revealed. The injured worker was able to demonstrate full range of motion at the left thumb without difficulty. The clinical note dated 04/23/13 indicates the injured worker continuing with extreme sensitivity upon palpation at the left thumb. Numbness was also continuing. Upon exam, a scar formation involving the anterior and medial aspect of the left thumb measuring 15mm was identified along the course of the thumb. A thickened appearance was also identified. The clinical note dated 11/21/13 indicates the injured worker being recommended for a surgical procedure involving the left thumb with a pinning. The utilization review dated 12/20/13 resulted in a partial approval as the surgery was certified at the left thumb; however, a pinning was not identified as this would not be standard of practice for an injury of this nature.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT THUMB SURGERY WITH PINNING: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation S.W. Wolfe, et.al. Green's Operative Hand Surgery, 6th ed. 2011.

Decision rationale: The request for a left thumb surgery with pinning is non-certified. The documentation indicates the patient complaining of a scar formation at a laceration site at the left thumb. The scar formation measures 15mm in length. A pinning would be indicated for a significant fracture likely to benefit from the proposed procedure. No information was submitted regarding a fracture at the left thumb. Therefore, the requested surgery involving a pinning is not recommended as medically necessary.