MAXIMUS Federal Services

Case Number:	CM14-0103152		
Date Assigned:	07/30/2014	Date of Injury:	11/22/2013
Decision Date:	08/29/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/03/2014

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 and Georgia. 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 41-year-old male who reported injury on 11/22/2013. The mechanism of injury was a motor vehicle accident where the injured worker sustained a crushing injury to his right upper extremity with a traumatic amputation of the right thumb, index, and ring fingers. Prior treatments included physical therapy. The documentation of 06/06/2014 revealed the injured worker had bone pressure and pain in the index finger, a burning sensation, and the nail was sensitive and had pain in the ring finger. The long finger had slight burning at the base. There was phantom pain and numbness occasionally. The objective findings revealed the skin was too tight on the long finger base. The physician opined all fingers need to be stretched with closed Capsulotomy. The physician further opined the bone was too close to the fingertip in the index finger and a resection was needed. The web space needed to be released in a Z-plasty and there needed to be an excoriation of the long finger for possible release. The diagnoses included near amputation right thumb, partial amputation right index and long finger, multiple fractures,

IMR ISSUES, DECISIONS AND RATIONALES

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

Closed Capsulotomy Index, Long, Ring, Little Fingers. Bone Resection Index Finger Nail Ablation Ring Finger FTSG, Long Finger ZPlasty Webspace Index/ Long Open Capsulotomy Long Finger: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The ACOEM Guidelines indicate that a surgical consultation may be appropriate for surgical workers who have red flags of a serious nature, a failure to respond to conservative management, including work site modifications, and who have clear clinical and special study evidence of a lesion that has been shown to benefit in the long and short term from surgical intervention. The requested surgery would not support the necessity for special studies. There was a lack of documentation of radiologic evidence to support the requested surgery. There was lack of documentation of a failure of conservative management. Given the above, Closed Capsulotomy Index, Long, Ring, Little Fingers. Bone Resection Index Finger Nail Ablation Ring Finger FTSG, Long Finger ZPlasty Webspace Index/ Long Open Capsulotomy Long Finger is not medically necessary.