

Case Number:	CM14-0015405		
Date Assigned:	02/28/2014	Date of Injury:	01/02/2007
Decision Date:	06/30/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/06/2014

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 Orthopedic Surgery, and is licensed to practice in Mississippi and 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 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 injured worker is a 70-year-old individual who sustained an injury on January 2, 2007. The clinical assessment completed on January 27, 2014 notes that the clinical situation is "essentially unchanged." A prosthetic device for the digit is sought. A deformity in the right index, middle and ring fingers is reported. More loss of right upper extremity strength is also reported. Comorbidities include depression and other psychiatric modalities. The mechanism of injury is noted as a traumatic amputation of the digits. The physical examination noted 5'6", 170 pound individual in no acute distress. Plain films revealed no degenerative changes of the PIP joints. The hand surgery consultation completed in December, 2013 specifically noted no durable medical equipment was required to address the sequelae of the compensable injury. Attempts at digital reconstruction with toe microvascular transplantation were completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PARTIAL FINGER PROSTHESIS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) OF MERCURY, WRIST/HAND CHAPTER

Decision rationale: When noting the date of injury, the injury sustained, the multiple clinical interventions currently completed, the unrelated comorbidities of carpal tunnel syndrome and de Quervain's tenosynovitis, and the parameters for such a device described in the ODG, there is no clinical indication for a digit prosthetic device. Prosthetic devices are designed to increase limb functionality and that the injured is not met when addressing a single digit alone. As such, when noting a comprehensive orthopedic and surgery consultation indicating that no durable medical equipment is required, there is no data presented to support this request.