

<b>Case Number:</b>	CM14-0173783		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	01/29/2014
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Surgeon, has a subspecialty in Hand Surgeon and is licensed to practice in South Carolina and Tennessee. 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 25-year-old male who reported an injury when he got his finger caught in a chain on a machine on 01/29/2014. On 09/15/2014, his diagnoses included status post revision amputation, left index finger. It was noted that this worker had been relatively comfortable following the surgery, as the pain in his index finger was improving. He had some tingling and soreness at the tip of the finger after his revision amputation. He had not yet been authorized to undergo hand therapy. His revision surgery was performed on 07/24/2014. The treatment plan noted that this worker would benefit from referral to a prosthetist for an evaluation and potential fitting for a fingertip prosthetic. It was noted that the referral to the prosthetist had been approved, but there was no documentation of the results of that examination. There was no rationale included in this worker's chart. A Request for Authorization dated 09/15/2014 was included.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Index finger prosthesis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand, Criteria for the Use of Prostheses

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG), Forearm, Wrist, & Hand, Prostheses (artificial limbs).

**Decision rationale:** The request for Index finger prosthesis is not medically necessary. The Official Disability Guidelines note that a prosthesis is a fabricated substitute for a missing body part. The criteria for the use of prostheses include that a prosthesis may be considered medically necessary when the patient will reach or maintain a defined functional state within a reasonable period of time, the patient is motivated to learn and use the limb, and the prosthesis is furnished incident to a physician's services or on a physician's order as a substitute for a missing body part. The original request for a referral to a prosthetist had been approved. There was no documentation of that consultation having taken place, nor the results therefrom. Without the evaluation and recommendation of the prosthetist, the prosthesis cannot be approved. The clinical information submitted failed to meet the evidence based guidelines for a prosthetic. Therefore, this request for Index finger prosthesis is not medically necessary.