

Case Number:	CM14-0029080		
Date Assigned:	04/09/2014	Date of Injury:	12/07/2013
Decision Date:	12/04/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/22/2014

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 Occupational Medicine, and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for a fingertip amputation reportedly associated with an industrial injury of December 7, 2013. In a Utilization Review Report dated January 14, 2014, the claims administrator denied a request for a purchase of a custom made splint to protect the amputation stump. The attending provider stated that the attending provider's documentation was difficult to follow and that there was no baseline assessment of range of motion, strength, and function of the digit. The claims administrator did not incorporate cited MTUS or non-MTUS Guidelines into its rationale, however. In a progress note dated February 4, 2014, the applicant was described as doing well. The applicant's fingertip had healed nicely. Range of motion was all preserved following the right index finger amputation. The applicant was returned to regular duty work. Well-preserved grip strength was noted about the bilateral upper extremities. The applicant did acknowledge some perceived sensitivity at the tip of the index finger, however. The applicant was given a 2% whole-person impairment rating. In an earlier note dated January 8, 2014, the applicant did have some scarring about the right index finger tip. The attending provider complained that the applicant's employer had failed to report the injury in a timely manner. It was stated that the applicant needed to start physical therapy to improve range of motion. The applicant was kept off of work for four weeks. In an earlier note dated December 18, 2013, the applicant was described as having some bruising, swelling, and scarring at the site of the fingertip amputation. Dressing was apparently endorsed. The applicant was kept off of work for a week. In an order form of the same date, December 18, 2013, a fingertip protector was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Tip custom made splint, purchase: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264, 266.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 266, activities which increase stress on the hand and wrist may contribute structural damage and tend to aggravate symptoms. Similarly, ACOEM Chapter 11, Table 11-4, page 264 also suggests limiting the motion that causes pain. In this case, the applicant had recently sustained a partial amputation of the fingertip on or around the date the splint in question was sought. The applicant had residual hypersensitivity at the fingertip on or around the date in question. Provision of a fingertip splint was indicated to combat residual symptoms of discomfort at the partially amputated digit. Therefore, the request was medically necessary.