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| Case Number: | CM14-0048552 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 02/08/2011 |
| Decision Date: | 08/13/2014 | UR Denial Date: | 03/04/2014 |
| Priority: | Standard | Application Received: | 03/28/2014 |

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 Hand 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 47-year-old male who reported injury on 02/08/2011. The mechanism of injury was the injured worker was climbing down a ladder, and as the ladder slipped, the injured worker sustained an injury to the left middle finger, which was caught between 2 pieces. Prior treatments included physical therapy, aquatic therapy, and acupuncture. The documentation indicated the injured worker wanted surgical treatment to his hand because there was no improvement. The documentation of 05/20/2013 revealed a diagnosis of a possible degloving injury to the left little finger with a history of lacerations and fracture with neuroma formation on the ulnar digit side of the little left finger. The physician opined the finger was stiff and the finger was non-functional. Additionally, the treatment plan included an exploration of the little finger with possible excision of neuroma and/or possible repair. Physical examination revealed range of motion of the little finger was restricted. The injured worker was wearing a splint. Range of motion to the MP joint was 0 degrees to 35 degrees. Range of motion of the PIP joint was 0 degrees to 5 degrees, and range of motion of the DIP joint was from 0 degrees to 20 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left small finger surgery: Upheld

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

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 surgical consultations may be appropriate for injured workers who have red flags of a serious nature, failure to respond to conservative treatment, and have clear clinical and special study evidence of a lesion. The clinical documentation submitted for review indicated the injured worker had bleeding and the bone was exposed at the time of injury. It was indicated the injured worker had injured tendons and nerves and had limited range of motion. The request would be supported, if there was a recent note and an MRI. However, there was no recent documentation submitted for review to support the necessity for surgery. The physician documented the type of surgery that was being requested was a neuroma excision, however, the request as submitted failed to indicate the type of surgery being requested. Given the above, the request for left small finger surgery is not medically necessary.