

Case Number:	CM14-0049037		
Date Assigned:	06/25/2014	Date of Injury:	08/02/2013
Decision Date:	08/13/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/26/2014

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 Georgia 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 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 22-year-old male who reported an injury on 08/02/2013. The injured worker sustained a right finger laceration when his hand became caught in a wood chipper. The current diagnoses include amputation of the right thumb, index and ring finger, carpal tunnel syndrome and volar compartment syndrome. The injured worker is status post revision amputation of the right thumb, index finger and ring finger. The injured worker was evaluated on 12/19/2013. Physical examination revealed a brisk capillary refill on all stumps, limited pinch and grasp and 65 degree flexion of the wrist with 30 degree extension. Treatment recommendations at that time include a double toe to index finger and thumb transfer. It is noted that the injured worker underwent x-rays of the right hand on 08/02/2013, which revealed extension avulsion of the right thumb, second, third and fourth fingers.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right index finger possible middle finger On-Top Plast to right thumb: 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 California MTUS/ACOEM Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, failed to respond to conservative management and have clear clinical and special study evidence of a lesion. As per the documentation submitted for this review, the injured worker is status post amputation of the right thumb, index finger and ring finger. It is noted that the injured worker was recovering well following the procedure. Physical examination only revealed limited pinch and grasp. The medical necessity for the requested procedure has not been established. There is no documentation of an attempt at any conservative treatment following the initial procedure that would warrant prior to the request for an additional surgery. Based on the clinical information received, the request is not medically necessary.