MAXIMUS Federal Services

Case Number:	CM14-0081057		
Date Assigned:	07/18/2014	Date of Injury:	12/03/2013
Decision Date:	09/18/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/02/2014

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 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 54-year-old female who reported an injury on 12/03/2013. She was reportedly in her car trying to access a keypad to go in to work and crushed her finger between the mirror and keypad. On 03/10/2014, the injured worker presented for a followup status post left finger revision amputation. Upon examination, the incision was healing well with no hypersensitivity, with mild swelling, full range of motion, intact senstation. Prior therapy included surgery, occupational therapy, physical therapy, and medications. The provider recommended a left ring finger prosthesis through orthotics. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ring finger prosthesis through orthotics: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand, Protheses.

Decision rationale: The request for left finger prosthesis through orthotics is not medically necessary. The Official Disability Guidelines state that prosthesis may be considered medically necessary when the injured worker reached or maintained a defined functional state within a reasonable period of time, if the injured worker is motivated to learn to use the limb, and the prosthesis is furnished incident to a physician's service or on a physician's order or as a substitute for a missing body part. The injured worker was post revision amputation on the left ring finger on 12/11/2013 and has been provided with postoperative occupational therapy. The documentation submitted for review indicated that the injured worker's occupational therapy has been effective and she was able to regain motion and decrease hypersensitivity. She was beginning to use the digit in a more normal fashion. The provider's request for a left ring finger prosthesis through orthotics do not add to the injured worker's current functional state. There is also limited evidence of functional limitations that would be improved by the use of the prosthesis at the amputation site. As such, the request is not medically necessary.