

Case Number:	CM14-0085517		
Date Assigned:	07/23/2014	Date of Injury:	05/24/2011
Decision Date:	09/29/2014	UR Denial Date:	05/31/2014
Priority:	Standard	Application Received:	06/09/2014

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 Mississippi. 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 records, presented for review, indicate that this 56-year-old individual was reportedly injured on May 24, 2011. The mechanism of injury was noted as a repetitive trauma type event. The most recent progress note, dated May 13, 2014, indicated that there were ongoing complaints of pain in the right index finger, distal interphalangeal joint (DIP). The physical examination demonstrated normal grip strength, tenderness to palpation and a moderate swelling over the PIP joint with no evidence of instability. Diagnostic imaging studies objectified diffuse swelling in the thumb, a small defect in the extensor pollicis longus, and postsurgical changes to the IP joint of the thumb. Previous treatment included fusion of the IP joint of the thumb. A request had been made for fusion of a DIP finger joint and was not certified in the pre-authorization process on May 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fusion of the Finger Joint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index Forearm, Wrist, and Hand Chapter, Arthrodesis (fusion).

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, & Hand Updated August 2014.

Decision rationale: The MTUS and ACOEM guidelines address this topic. The parameters noted in the ODG were employed. While there is a recommendation for joint effusion, there needs to be objective occasion of significant post traumatic arthritis and there needs to be objective occasion of conservative care. Based on the medical records presented for review, these criteria are not met. There is no clinical indication for the surgery as such the request is not medically necessary.