

Case Number:	CM14-0092727		
Date Assigned:	07/25/2014	Date of Injury:	04/04/2013
Decision Date:	09/29/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/18/2014

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 Preventive 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:

According to the records made available for review, this is a 54-year-old male with a 4/4/13 date of injury, status post right thumb surgery with hardware and status post right hand surgery 4/4/13. At the time (2/19/14) of request for authorization for Unknown prosthetic fingers, there is documentation of subjective (pain in right shoulder/arm, pain and numbness in right wrist/hand) and objective (grade 3 tenderness to palpation, which has remained the same since last visits and restricted range of motion) findings. The current diagnoses includes right shoulder bursitis, compensatory to right hand injury and surgery, right wrist strain/sprain, rule out internal derangement, status post complex laceration, right hand, status post right thumb surgery with hardware, right thumb laceration of flexor carpi radialis tendon, laceration and repair of the right median nerve, status post right small finger amputation at proximal interphalangeal joint, status post right hand surgery, status post hand burn secondary to right median nerve laceration, depression/anxiety, situational, and sleep disturbance secondary to pain. The treatment to date includes chiropractic therapy and surgery. In addition, medical report identifies a plan for right small finger prosthesis. Medical report dated 8/19/13 identifies patient would benefit from use of a prosthetic finger; client would achieve a higher functional status and able to perform small motor tasks more effectively and in a shorter period of time; and client is motivated to learn to use and wear a prosthetic device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for Unknown prosthetic fingers: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand (Acute & Chronic), Prostheses (artificial limbs).

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 Chapter, Prostheses (artificial limbs).

Decision rationale: MTUS does not address this issue. The Official Disability Guidelines identifies documentation that the patient will reach or maintain a defined functional state within a reasonable period of time; the patient is motivated to learn to use the limb; and the prosthesis is furnished incident to a physician's services or on a physician's order as a substitute for a missing body part, as criteria necessary to support the medical necessity of prostheses. Within the medical information available for review, there is documentation of diagnoses of right shoulder bursitis, compensatory to right hand injury and surgery, right wrist strain/sprain, rule out internal derangement, status post complex laceration, right hand, status post right thumb surgery with hardware, right thumb laceration of flexor carpi radialis tendon, laceration and repair of the right median nerve, status post right small finger amputation at proximal interphalangeal joint, status post right hand surgery, status post hand burn secondary to right median nerve laceration, depression/anxiety, situational, and sleep disturbance secondary to pain. In addition, there is documentation of a plan for right small finger prosthesis. Furthermore, there is documentation that the patient will reach or maintain a defined functional state within a reasonable period of time; the patient is motivated to learn to use the limb; and the prosthesis is furnished incident to a physician's services or on a physician's order as a substitute for a missing body part. Therefore, based on guidelines and a review of the evidence, the request for Unknown prosthetic fingers is medically necessary.