

Case Number:	CM13-0008410		
Date Assigned:	07/02/2014	Date of Injury:	05/28/2013
Decision Date:	05/06/2015	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	08/07/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 60-year-old male who sustained an industrial injury on 5/28/13. Injury occurred while working on an industrial fan and his right hand got caught and cut. He sustained partial amputations of the right index and middle fingers with nail involvement at the index finger. X-rays showed amputation of the distal portion of the 2nd finger and laceration and amputation over the distal aspect of the 3rd finger with a small fracture involving the tuft. He underwent anesthesia for irrigation, debridement, exploration and repair. The 7/8/14 treating physician report indicated the patient had pain and discomfort status post right hand injury. Dressings were removed and the wound was necrotic and not healing. The patient was not doing better and needed debridement, reconstruction and revision of the middle finger as soon as possible. The 7/10/13 utilization review non-certified this request for middle finger surgery based on a peer-to-peer call with the treating physician who indicated that the distal amputations had begun granulating and surgery was not indicated at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Debridement and Reconstruction and Revision of Middle Finger as an Outpatient between 7/25/13 and 8/19/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM). Occupational Medical Practice Guidelines 2nd Edition. Chapter 11 Hand, Wrist, and Forearm Disorders (2009) Laceration Management, pages 134-141.

Decision rationale: The California MTUS guidelines do not provide recommendations for this procedure. The ACOEM Hand, Wrist, and Forearm Disorders guidelines recommend follow-up laceration and wound repair as indicated. The utilization review documented a peer-to-peer discussion with the treating physician, indicating that the wound was granulating and revision was not required. There is no compelling reason to support additional surgical treatment based on this information. Therefore, this request is not medically necessary.