

<b>Case Number:</b>	CM14-0189177		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	08/14/2014
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Surgeon, has a subspecialty in Hand Surgeon and is licensed to practice in Hawaii, Washington & Maryland. 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 59-year-old female who reported an injury on 08/14/2014. The mechanism of injury was not submitted for clinical review. The diagnoses included right small finger contusion, right small finger open wound with fracture. Previous treatments included physical therapy, medication, surgery, occupational therapy. On 10/27/2014, it was reported the injured worker returned for follow-up after an open reduction internal fixation on 08/18/2014. The injured worker reported improvement in her range of motion and has been attending physical therapy. On the physical examination, the provider noted decreased range of motion in all fingers. The provider recommended the injured worker to undergo manipulation under anesthesia to resume range of motion. There was no range of motion noted of SF. The Request for Authorization was submitted and dated 10/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Manipulation under anesthesia for the right hand/wrist/14 joints:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Hand, Wrist, Manipulation under anesthesia ( MUA).

**Decision rationale:** The California MTUS Guidelines note surgical consideration for the hand is indicated in individuals who have red flag diagnoses of a serious nature, who have failed to respond to conservative management, including worksite modifications, have clear clinical and special study evidence of a lesion. In addition, the Official Disability Guidelines note manipulation under anesthesia is not recommended for the wrist, hands, or fingers. The clinical documentation submitted indicated the injured worker had undergone open reduction internal fixation surgery on 08/18/2014. The patient reported improvement in her range of motion and continues to attend physical therapy. The clinical documentation submitted lacks significant objective findings of specific ranges of motion for the hand, wrist, and joints. Additionally, the guidelines do not recommend the utilization of manipulation under anesthesia for the hand, wrist, or joints. Therefore, the request is not medically necessary.