

Case Number:	CM14-0196982		
Date Assigned:	12/05/2014	Date of Injury:	08/24/2012
Decision Date:	01/15/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/24/2014

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 New York. 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 patient continues to have pain in the right middle finger MP joint. On physical examination there is tenderness to the dorsal aspect of the middle finger MP joint. There is a positive grind test. The MP joint is solidly fused. X-rays of the hand show narrowing and irregularity of the right finger MP joint consistent with osteoarthritis. The patient had surgery for her neuroma on the right radial nerve of the index finger in February 2014. The patient had pre-existing osteoarthritis of the MP joint. The patient is diagnosed with osteomyelitis in the right middle finger. The patient had misalignment of the proximal phalanx MP joint. The patient had a K wire removed from the finger in October 2013. The patient had right index finger MP joint fusion in August 2013. The patient was diagnosed with, to the right finger which aggravated osteoarthritis at the MP joints. At issue is whether right middle finger MP joint Silastic arthroplasty is medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery; right middle finger MP joint silastic arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270 and 271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS Hand Pain Chapter, pages 217 and the Officials Disability Guidelines (ODG); Hand Chapter.

Decision rationale: This patient is recommended for right middle finger MP joint arthroplasty. However x-rays included in the medical record indicates that the patient's MP joint was narrow. There is no documentation showing evidence that the patient had sufficient bone support and intact ligaments intended to support Silastic implant arthroplasty. The medical records do not document adequate trial and failure of occupational therapy. Medical records do not support existing criteria for MP joint Silastic arthroplasty at this time. Therefore, this request is not medically necessary.