

<b>Case Number:</b>	CM14-0037836		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/07/2013
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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 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 21-year-old male with a 9/7/13 date of injury. At the time (3/11/14) of the request for authorization for manipulate finger w/anesthesia, there is documentation of subjective (pain and stiffness of his left hand) and objective (very stiff in the ulnar 4 digits of the left hand and in particular the small finger of the left hand, he is reluctant to fully extend the PIP joints of the middle and ring fingers). Findings, current diagnoses (four and a half months status post severe crush injury to the left hand with ORIF of the index, middle, ring, and small metacarpals, and severe scarring of the extensor tendons left hand), and treatment to date (medication and occupational therapy).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Hand closed manipulation under Anesthesia:** 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), Manipulation under anesthesia (MUA).

**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; Manipulation under anesthesia (MUA).

**Decision rationale:** MTUS does not address the issue. ODG identifies manipulation under anesthesia is not recommended for the wrist, hand or fingers. There are no high quality studies published in peer-reviewed journals accepted into Medline. Therefore, based on guidelines and a review of the evidence, the request for manipulate finger w/anesthesia is not medically necessary.