

<b>Case Number:</b>	CM15-0000408		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	09/11/2014
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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: North Carolina, Georgia  
Certification(s)/Specialty: Family Practice

### 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 29 year old male, who sustained an industrial injury on 09/11/2014. He initially with a circumferential laceration to the left thumb which was sutured closed on the date of injury. The diagnoses have included left thumb laceration, left thumb amputation treated with repair, and probable left thumb fingertip neuroma. Treatment to date has included suturing of the laceration to the left thumb and x-rays of the left hand which revealed a fracture of the distal part of the distal phalanx. The injured worker has also been treated with medications for pain and infection. Currently, the Injured Worker complains of sensitivity along the tip of the thumb, and weakness with gripping and grasping. On 12/31/2014, Utilization Review non-certified a prescription for Anaprox, noting the fracture had not healed and that NSAIDs are known to inhibit fracture healing. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 12/31/2014, Utilization Review non-certified a , noting that the clinical records document that the injured worker had a distal phalanx open fracture with partial amputation that underwent repair, and that there was no indication of dislocation of the interphalangeal joint for which global treatment would be medically necessary. The ODG was cited. On 12/31/2014, Utilization Review states that the Ultram requires modification for approval; however, there was no modification made and the medication appears to have been approved. The MTUS was cited. On 01/02/2015, the injured worker submitted an application for IMR for review of Anaprox, Ultram, and global fracture care for the left thumb distal phalanx.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): pp 67-68.

**Decision rationale:** CA MTUS guideline are clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDS have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. The request for Anaprox is not indicated in this case where a tuft fracture of distal phalange has been identified because Anaprox may slow healing of the fracture. The request for Anaprox is denied.

**Global Fracture care for left thumb distal phalanx:** 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), Forearm, Wrist and Hand Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Forearm, Hand and Wrist <http://coder.aapc.com/cpt-codes/26775>

**Decision rationale:** CA MTUS is silent on the issue of global fracture care for fracture of the thumb. ODG addresses management of metacarpal and phalangeal fractures in the section on Forearm, Wrist and Hand. ODG states that most fractures can be managed non-operatively with closed manipulation and or splinting. In this case, the fracture is identified a fracture of the distal tip of the phalanx, 3-4 mm from the tip, with no dislocation. This fracture was managed with immobilization and required no open or closed reduction and no anesthesia. The CPT code for which global care was requested was 26775, which is described in AAPC coder as “closed treatment of interphalangeal joint dislocation, single with joint manipulation, requiring anesthesia.” This code does not apply to the clinical situation described in the medical records (there was no joint dislocation, no manipulation was required and no anesthesia performed) and therefore is denied as not medically necessary.