

<b>Case Number:</b>	CM15-0005428		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	10/01/2014
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2015

### 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: Maryland, Virginia, North Carolina  
 Certification(s)/Specialty: Plastic 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:

This 53 year old male suffered an industrial injury on 10/1/14, with amputation of the left ring and long finger distal tuft. The injured worker underwent completion of amputation of the left long and ring fingers with Cutler local skin flaps advancement and coverage of the distal tuft. The injured worker also received medications for pain. In an office visit dated 11/25/14, the injured worker complained of ongoing left hand pain and difficulty doing any activities using his left hand. Physical exam was remarkable for left hand still healing with scabbing over his third and fourth digits. In a physical therapy progress note dated 12/12/14, the injured worker continued to exhibit decreased flexibility, range of motion and strength as well as ongoing pain. Physical therapy notes that the patient states that 'the doctor is going to remove the nails of my fingers...' due to pain associated with them. Examination notes from 12/17/14 were not available for this review. On 12/26/14, Utilization Review noncertified a request for Revision amputation left long and ring finger citing CA MTUS Chronic Pain Medical Treatment Guidelines MTUS and ACOEM guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Revision amputation left long and ring finger:** Overturned

**Claims Administrator 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), Treatment Index 11th Edition (web), 2014, Forearm, Wrist & Hand (Acute & Chronic), Amputation (Surgery)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

**Decision rationale:** The patient is a 53 year old male with a history of completion amputations of the left ring and long fingers in October 2014. A request had been made to perform revision amputations of both fingers. Based on the available medical records, it appears that the patient has symptomatic nail remnants affecting the patient's function with pain. The patient is noted to be undergoing physical therapy as a form of conservative management. Nail remnants in the form of nail spikes or hooked nail deformity are a common result after distal finger injuries and can be problematic to treat as complete ablation of the nail may be difficult. Performing revision may be the only surgical treatment to effectively solve the functional problem. From ACOEM, page 270: Referral for hand surgery consultation may be indicated for patients who: - Have red flags of a serious nature- Fail to respond to conservative management, including worksite modifications- Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. As stated the patient has a functional deficit with a possible beneficial surgical solution. The patient has failed conservative management of physical therapy. Therefore, revision amputation should be considered medically necessary. The UR reviewer states that the patient is not documented to have significant functional deficits to warrant intervention; however, nail remnants are known causes of functional deficits following amputations/distal tip injuries and the medical records reviewed for this report support that this is present.