

<b>Case Number:</b>	CM15-0016513		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	08/26/2014
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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: New York  
 Certification(s)/Specialty: Neurological 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 34 year old male on 8/26/14 sustained a laceration and pain in the right ring finger related to a crushing injury and avulsion fracture to the proximal phalanx. Treatment to date has included x-ray of right ring finger, occupational therapy and oral medications. On 11/12/14, the injured worker reported persistent trouble with pain, stiffness and swelling in the hand, but mostly the right ring finger. The treating physician noted the injured worker was unable to squeeze the grip machine. As of the PR2 dated 12/8/14, the injured worker reported weakness in the right hand and is dropping items on several occasions. The treating physician requested manipulation under anesthesia of the right middle, ring and small finger MP (Metacarpophalangeal) and IP (Interphalangeal) joints with the possible capsulotomy with extensor and flexor tenolysis of the PIP (Proximal Interphalangeal) joint of the ring finger. On 1/13/15 Utilization Review non-certified a request for manipulation under anesthesia of the right middle, ring and small finger MP (Metacarpophalangeal) and IP (Interphalangeal) joints with the possible capsulotomy with extensor and flexor tenolysis of the PIP (Proximal Interphalangeal) joint of the ring finger. The utilization review physician cited the ACOEM and ODG guidelines. On 1/20/15, the injured worker submitted an application for IMR for review of manipulation under anesthesia of the right middle, ring and small finger MP (Metacarpophalangeal) and IP (Interphalangeal) joints with the possible capsulotomy with extensor and flexor tenolysis of the PIP (Proximal Interphalangeal) joint of the ring finger.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Manipulation under anesthesia of the right middle, ring and small finger Metacarpophalangeal and Interphalangeal joints with the possible capsulotomy with extensor and flexor tenolysis of the Proximal Interphalangeal joint of the ring finger:**  
Upheld

**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), 2013, Forearm, Wrist & Hand. 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 chapter (updated 03/09/15)-Manipulation under anesthesia.

**Decision rationale:** The ODG guidelines do not recommend manipulation under anesthesia. The UR reviewer noted however, that the patient met criteria for a tenolysis. But the requested treatment: Manipulation under anesthesia of the right middle, ring and small finger metacarpophalangeal joints with the possible capsulotomy with extensor and flexor tenolysis of the proximal interphalangeal joint of the ring finger is not medically necessary and appropriate.