

<b>Case Number:</b>	CM15-0134435		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	05/29/2015
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand 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:

The injured worker is a 39 year old male who sustained an industrial injury on 5/29/15. He had complaints of left hand pain. He was diagnosed with left small finger fracture. Progress report dated 6/16/15 reports evaluation two weeks status post left hand and small finger injury. He has complaints of pain, swelling and stiffness. Diagnosis is left small finger PIP joint fracture dislocation. Plan of care includes: discussed surgical treatment options including open reduction with internal fixation of the joint fracture dislocation with contracture release. Will proceed with scheduling procedure upon authorization approval. Work status: work under modified duty, restricted to minimal to no use of the left hand. Will be off work after surgery for approximately 2-3 weeks before returning to modified duty with anticipation of returning to unrestricted, full duty at approximately 8 to 10 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Open reduction internal fixation with arthroplasty, left small finger Qty: 1.00:** Overturned

**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 - Open reduction internal fixation (ORIF).

**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 and Hand ORIF.

**Decision rationale:** The patient has an intra-articular PIP joint fracture with dorsal subluxation. Closed reduction has failed. Per ODG: Open reduction internal fixation (ORIF) recommended as an option for fractures when radiographic evidence indicates a displaced fracture or comminuted fracture, or an open fracture with bone protrusion. Open reduction internal fixation (ORIF) is a method of surgically repairing a fractured bone, in which surgery is used to reduce or set the fracture fragments and then hardware (such as a rod, plate and/or nails) is then implanted to hold the reduction in place. Radiographs indicate that the fracture is displaced with dorsal subluxation of the middle phalanx. ORIF is required to restore joint congruity and range of motion. Non-operative treatment has failed, and surgery is medically necessary to restore the joint.