

<b>Case Number:</b>	CM15-0187145		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	06/18/2015
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 54 year old male, who sustained an industrial injury on 6-18-15. He reported amputation of the tips of the left ring and small fingers. The injured worker was diagnosed as having left ring finger and small finger amputation. Treatment to date has included physical therapy and medication including Acetaminophen. Physical examination findings on 8-10-15 included left ring and small finger soft tissue edema and thickening. Significant hypersensitivity at the tip of the amputation stumps was noted. Range of motion of at the metacarpophalangeal joint was noted to be improved and sensation was intact with hypersensitivity. On 8-10-15, the injured worker complained of pain, sensitivity, stiffness, and lack of strength in the left ring and small finger amputation sites. On 7-13-15 the treating physician requested authorization for a prosthetic evaluation. On 8-28-15 the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prosthetic Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-

MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 122, 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p 127.

**Decision rationale:** The claimant sustained a work injury in June 2015 when, while unloading a container, he sustained traumatic amputation of the left fourth and fifth fingers. He was seen on 08/10/15. He had started therapy. There had been improvement in motion after three sessions. He was having pain, sensitivity, stiffness, and lacked strength. He was continuing to have emotional distress secondary. Physical examination findings included healing amputation sites. There was still soft tissue edema and thickening with hypersensitivity. His range of motion had improved. Authorization was requested for a psychiatric evaluation and prosthetic evaluation. Additional therapy was recommended. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant is still undergoing therapy following his amputation and has not reached maximum improvement with respect to healing from his injury. He has hypersensitivity and edema and fitting a prosthesis at this time is not practical. The decision to provide a prosthetic finger would be for cosmesis, as wearing a prosthesis would decrease the available areas of sensation and would not likely improve function. Addressing his psychological distress would be the most appropriate treatment at this time. A prosthetic evaluation is not medically necessary.