

Case Number:	CM15-0051542		
Date Assigned:	03/25/2015	Date of Injury:	06/16/2005
Decision Date:	05/11/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/18/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic 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 48 year old male, who sustained an industrial injury on 6/16/2005. He reported a left hand crush injury with left arm pain subsequently amputating the left index finger tip requiring suture closure. Diagnoses include left index finger tip amputation and stump hypersensitivity. Treatments to date include medication therapy, splinting, and physical therapy. Currently, he complains of continued pain in the left index finger with radiation up the left arm. On 2/9/15, the physical examination documented tenderness around the amputation stump of the index digit, positive finkelstein, and positive swelling over the first dorsal compartment. The plan of care included a left thumb splint and a request for an amputation revision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amputation revision-Left index finger: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.wheelessonline.com/ortho/finger.

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

Decision rationale: California MTUS guidelines indicate surgical considerations depend on failure to respond to conservative management and 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. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. The injured worker has some neuroma symptoms associated with a persistently tender amputation stump of the second finger, a positive Finkelstein's sign and positive swelling over the first dorsal compartment. Documentation does not indicate a recent physical therapy program or a supervised home exercise program with trial and failure. In light of the above, the request for revision of the amputation stump is not supported and the medical necessity has not been substantiated. The de Quervain's syndrome resolves with conservative treatment most of the time and surgery may be an option under unusual circumstances. Therefore, the requested medical treatment is not medically necessary.