

Case Number:	CM15-0230783		
Date Assigned:	12/04/2015	Date of Injury:	06/18/2015
Decision Date:	01/13/2016	UR Denial Date:	11/09/2015
Priority:	Standard	Application Received:	11/24/2015

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:

The injured worker is a 54 year old male, who sustained an industrial injury on June 18, 2015. He suffered an amputation of his ring and pinkey fingers. The injured worker was currently diagnosed as having right ring finger and small finger partial amputation. On October 19, 2015, the injured worker was seen status post right ring finger, small finger amputation stump revision with a neuroma excision as well as foreign body granuloma debridement. He was noted to be doing well and had less sensitivity at amputated stump tips. Physical examination revealed well healing soft tissue wounds. He had minimal pain upon palpation of the tips and good perfusion. On October 8, 2015, the injured worker underwent a prosthetic evaluation. His fingers were noted to be well healed with only slight edema. Residual tips were slightly bulbous in shape. Number four and number five amputations were distal to the PIP joints. Good range of motion was noted to both fingers. The injured worker requested prosthetic fingers and was motivated to use them for functional usage. The treatment plan included high definition silicone partial ring and pinky prosthetic fingers-one set for work and one set for home for passive functional usage, season guard sun tanning solution to chemically tan his prosthetic finger in the summer and to add color when device starts to wear and silo digital caps visco-gel ribbed. On November 9, 2015, utilization review denied a request for high def prosthetic finger times 2 and season guard sun tanning solution.

IMR ISSUES, DECISIONS AND RATIONALES

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

High def prosthetic finger times 2, 1 for work and 1 for home with season guard sun tanning solution: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, and Hand chapter.

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, Prostheses (artificial limbs) and Other Medical Treatment Guidelines Book Chapter, Treatment of the upper extremity amputee. Gregory A. Dumanian and Todd A. Kuiken, Plastic Surgery, 40, 870-880.

Decision rationale: The patient is a 54 year old male who had suffered partial amputations of the right ring and small fingers at the level of the middle phalanx. From his most recent surgery, he was noted to have improved range-of-motion following physical therapy. He was referred for prosthetic evaluation, who recommended high def prosthetic finger x 2 (one for work and one for home). The patient was noted to be motivated for prosthetic use and the prostheses would help with daily function. From ODG, guidelines with respect to the medical necessity of prostheses include: Documentation that the patient will reach or maintain a defined functional state within a reasonable period of time; the patient is motivated to learn to use the limb; and the prosthesis is furnished incident to a physician's services or on a physician's order as a substitute for a missing body part, as criteria necessary to support the medical necessity of prostheses. Based on these guidelines, the patient satisfies these criteria based on the documentation provided for this review. The requesting physician and prosthetic evaluator both described functional goals for its use. The UR questioned the actual functional improvement that may be possible given the level of the amputations at the middle phalanges. From the above outside reference, the following is stated: Aesthetic prostheses refer to a device used to camouflage a limb deformity, while functional prostheses refer to devices that are operational. Aesthetic prostheses assist patients in issues of body image and self-esteem, with possible functional gains as well. These secondary functional gains are a due to a newfound social openness and ability to expose the limb, rather than to a subconscious desire to avoid detection of the limb deformity. As reasoned by the outside-reference, there can be secondary functional gains as a result of a largely aesthetic prosthesis. Therefore, this should help to satisfy the concern of the UR. Therefore, finger prostheses is medically necessary.

Season guard in sun tanning solution: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Book Chapter, Treatment of the upper extremity amputee, Gregory A. Dumanian and Todd A. Kuiken, Plastic Surgery, 40, 870-880.

Decision rationale: The patient is a 54 year old male who had suffered amputation at the right small and ring finger middle phalanges. Based on a possible secondary functional gain related to a largely aesthetic prosthesis, the prostheses were considered medically necessary. Thus, appropriate color match would also be consistent with this principle and thus is medically necessary.