

<b>Case Number:</b>	CM14-0183179		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	04/27/2014
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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. The expert reviewer is Board Certified in Orthopaedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 36-year-old female sustained an industrial injury on 4/27/14. Injury occurred when her left hand got pulled in a tortilla machine resulting in open wounds on the dorsum of the hand. The 5/16/14 left forearm and hand x-rays were reported as normal with no evidence of bony, joint space, or soft tissue abnormality, or fracture. The 6/13/14 left hand MRI impression documented significant soft tissue swelling about the proximal interphalangeal (PIP) joints of the 4th digit, and to a lesser degree the 3rd digit. The flexor and extensor tendons appeared intact. Records documented significant patient guarding and benefit to digital blocks with improved movement and grip. Continued recommendations for fully compliance in home stretching were documented. The 8/28/14 treating physician report cited improvement in finger range of motion with therapy but the patient had persistent pain and was unable to tolerate using the hand. There was marked guarding of the hand noted. The patient reported therapy was not helpful and the static progressive splint was painful. Left hand exam demonstrated no abnormal temperature, texture or skin changes. The patient held and guarded the left hand in full extension. She was guarded when performing active flexion. Passive range of motion was limited in the 4th and 5th digits with pain response. The diagnosis was posttraumatic stiffness of the left hand after an open wound. The patient was advised to continue working with the static progressive splint as much as possible and use Ibuprofen 800 mg as needed for pain. Authorization was requested for evaluation/manipulation under anesthesia to assess the suppleness and stretch the PIP and distal interphalangeal (DIP) joints. Digital blocks would be performed post-operatively to help her move forward with occupational therapy for aggressive range of motion. The 10/29/14 utilization review denied the request for left finger manipulation under anesthesia based on an absence of guideline support for this surgery and no alternative rationale to support the effectiveness of this request.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left finger manipulation under anesthesia by [REDACTED]:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**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, Manipulation under anesthesia (MUA)

**Decision rationale:** The California MTUS guidelines do not address finger manipulation under anesthesia. The Official Disability Guidelines state that manipulation under anesthesia is not recommended for the wrist, hand, or finger. Guidelines state that there are no high quality studies published in peer-reviewed journals. There is no compelling reason presented to support the medical necessity of manipulation under anesthesia in the absence of guideline support. Therefore, this request is not medically necessary.