

Case Number:	CM14-0098088		
Date Assigned:	07/30/2014	Date of Injury:	12/06/2013
Decision Date:	10/09/2014	UR Denial Date:	06/14/2014
Priority:	Standard	Application Received:	06/26/2014

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 Orthopedic Surgeon, Hand Surgeon and is licensed to practice in Texas. 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:

The injured worker is a 58-year-old male with a reported date of injury on 12/06/2013. The injury reportedly occurred when the injured worker smashed his 5th digit between a trailer and a gear. His diagnoses are noted to include an open wound to the fingers. His previous treatments are noted to include physical therapy, medications and surgery. The progress note dated 06/04/2014, revealed complaints of 45 degrees of contracture. The physical examination revealed no evidence of infection or compromise to the left hand or erythema or induration. The left little finger interphalangeal joint had about 45 degrees of contracture and 90 degrees of active flexion. The provider indicated a surgical option was discussed and the injured worker was willing to undergo surgery. The Request for Authorization form dated 06/09/2014, was for manipulation under anesthesia to (MUA) finger, left fifth (5) proximal interphalangeal (PIP) joint and placement of digit widget open reduction and internal fixator (ORIF) due to decreased extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manipulate under anesthesia (MUA) finger, left fifth (5) proximal interphalangeal (PIP) joint and placement of digit widget open reduction internal fixation (ORIF): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand

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, Manipulation under Anesthesia.

Decision rationale: The request for manipulation under anesthesia to (MUA) finger, left fifth (5) proximal interphalangeal (PIP) joint and placement of digit widget open reduction and internal fixation (ORIF) is not medically necessary. The injured worker had 45 degrees of contracture and 90 degrees of active flexion at the proximal interphalangeal joint. The Official Disability Guidelines do not recommend manipulation under anesthesia for the wrist, hand or fingers. There are no high quality studies published in peer reviewed journals, except into midline. The injured worker has persistent fixed flexion contracture of the proximal interphalangeal joint, the digit widget is indicated, however, the guidelines do not recommend manipulation under anesthesia for the wrist, hand or fingers. Therefore, the request is not medically necessary.