

<b>Case Number:</b>	CM15-0010705		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	03/26/2014
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 41 year old male, who sustained an industrial injury on March 26, 2014, from a saw laceration to the right hand with amputation of the index finger at the proximal phalanx and nerve grafting to the radial digital nerve of the long finger. The diagnoses have included complex laceration of the right middle finger status post complex repair, and amputation of the right index finger, radial saw injury. Treatment to date has included occupational therapy, home exercises, and medications. Currently, the injured worker complains of altered sensation along the radial border of the long finger to the tip, stiffness of the index finger stump with pain on manipulation of objects. The Treating Physician's report dated January 8, 2015, noted the injured worker healing well with no recent change in functional abilities, reaching a plateau with his improvement, with some inflammation around the index finger amputation stump, stiffness with 70% maximal flexion and a slight loss of extension. The Physician noted some paresthesia present in the distal long finger radial digital nerve territory. On January 13, 2015, Utilization Review non-certified a Pilet finger prosthesis for the right index finger, noting that without documentation of expected improvement in function, and with a comment to suggest that this would be entirely cosmetic, there was no clear indication of the basis of medical necessity. The MTUS Chronic Pain Medical Treatment Guidelines and the MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines, Chapter 11, Forearm, Wrist, and Hand Complaints were cited. On January 20, 2015, the injured worker submitted an application for IMR for review of a Pilet finger prosthesis for the right index finger.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pillet finger prosthesis for the right index finger:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Forearm, Wrist, & Hand (Acute & Chronic) Chapter, under Prostheses (artificial limbs)

**Decision rationale:** Based on the 01/08/14 progress report provided by treating physician, the patient presents with laceration to the right hand with amputation of the index finger at the proximal phalanx and nerve grafting to the radial digital nerve of the long finger. The request is for PILLET FINGER PROSTHESIS FOR THE RIGHT INDEX FINGER. The patient is healing well and treater feels that "he is reaching a plateau with his improvement." The patient has been released to work full-duty starting 01/12/14, per treater report dated 01/08/14. ODG-TWC, Forearm, Wrist, & Hand (Acute & Chronic) Chapter, under Prostheses (artificial limbs) states: "Criteria for the use of prostheses: A prosthesis may be considered medically necessary when: 1. The patient will reach or maintain a defined functional state within a reasonable period of time; 2. The patient is motivated to learn to use the limb; and 3. The prosthesis is furnished incident to a physician's services or on a physician's order as a substitute for a missing body part. (BlueCross BlueShield, 2004)" Per progress report dated 03/19/15, treater states patient "may benefit from use of a digital sleeve with a silicone lining to help protect and pad that stump. I also discussed the possibility of converting the index amputation stump to a partial ray amputation with widening of his first webspace. This would alleviate pain in the stump and stiffness in the stump if he feels this is prohibitive. For the time being, he feels he would not like to have any further surgery." UR letter dated 01/13/15 states "The provision of this pillet prosthesis which would extend the index finger in the right hand by adding a cosmetic finger is considered by the doctor as having no functional benefit and only cosmetic improvement per our conversation. On that basis, there is no clear medical necessity for this prosthesis..." Treater has not discussed reason for the request. ODG states that prostheses may be furnished incident to a "physician's order as a substitute for a missing body part." The patient has been released to work full duty and the prosthesis is being ordered to substitute the missing index finger. The request appears reasonable and in accordance with guideline criteria. Therefore, the request IS medically necessary.