

Case Number:	CM15-0016818		
Date Assigned:	02/05/2015	Date of Injury:	09/23/2013
Decision Date:	03/24/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/29/2015

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: Illinois, California, Texas
 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 40 year old male who sustained an industrial injury on 09/23/13. Injury occurred when his glove got caught while operating a wire machine, resulting in amputation of the left middle finger, with injuries to the tips of the index and ring fingers. He underwent surgery for amputation completion two days later. The 8/14/14 hand surgery report cited on-going pain and sensitivity over the tip of the digit, and inability to return to work. Pain was 5-7/10 and increased with activities. There was a significant degree of sensitivity over the tip of the left middle finger with some degree of sensitivity over the index finger and ring finger. Middle finger exam documented severe sensitivity at the tip, a slight bulbous, limited proximal interphalangeal motion, and thin tissue overlying the remaining middle phalanx at the amputation site. There was marked limitation in functional ability with hand postures and behaviors indicative of on-going neuroma issues status post amputation. There is x-ray evidence of a disarticulation at the level of the distal interphalangeal joint. Conservative treatment has included therapy, desensitization, and acupuncture without benefit. A revision amputation was recommended to resect the condylar surfaces, identify the digital nerves, and resect the neuroma tissues. Implanting the digital nerves into bone would be helpful to reduce the neuroma type problems post surgery. The 12/22/14 treating physician report cited intermittent moderate sharp left hand/wrist pain, aggravated by gripping and grasping. The treatment plan requested authorization of revision of amputation left middle finger with neurotomy radial and ulnar digital nerve, implantation of nerve ending radial digital nerve and ulnar digital nerve into bone based on the hand surgeon recommendations. On 01/20/15, Utilization Review non-certified revision

of amputation left middle finger with neurotomy radial and ulnar digital nerve, implantation of nerve ending radial digital nerve and ulnar digital nerve into bone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision amputation left middle finger with neurotomy radial and ulnar digital nerve:

Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Forearm, Wrist & Hand: Amputation (surgery); Neuroma treatment

Decision rationale: The California MTUS guidelines do not provide recommendations for this surgical request. The Official Disability Guidelines recommend amputation surgery for severe injury resulting in partial amputation, and for neuroma. Surgical management of neuromas is recommended after three months of failed conservative management. Guidelines indicate that distal sensory neuromas may be treated by excision of the neuroma and reimplantation of the proximal nerve into muscle or bone marrow, e.g., Interosseous implantation of neuroma into bone, as a surgical option. Guideline criteria have been met. This patient presents status post traumatic partial digit amputation with severe sensitivity over the tip of the remaining digit. There is significant loss of functional ability documented secondary to sensitivity. There are clinical exam findings consistent with irritation of the condylar surfaces and neuroma. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Implantation of nerve ending radial nerve into bone: Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Forearm, Wrist & Hand: Amputation (surgery); Neuroma treatment

Decision rationale: The California MTUS guidelines do not provide recommendations for this surgical request. The Official Disability Guidelines recommend excision of the neuroma and reimplantation of the proximal nerve into muscle or bone marrow, e.g., Interosseous implantation of neuroma into bone, as a surgical option for the treatment of distal sensory neuromas. Guideline criteria have been met. This patient presents status post traumatic partial digit amputation with severe sensitivity over the tip of the remaining digit. There is significant loss of functional ability

documented secondary to sensitivity. There are clinical exam findings consistent with irritation of the condylar surfaces and neuroma. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Implantation of nerve ending ulnar digital nerve into bone: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Forearm, Wrist & Hand: Amputation (surgery); Neuroma treatment

Decision rationale: The California MTUS guidelines do not provide recommendations for this surgical request. The Official Disability Guidelines recommend excision of the neuroma and reimplantation of the proximal nerve into muscle or bone marrow, e.g., Interosseous implantation of neuroma into bone, as a surgical option for the treatment of distal sensory neuromas. Guideline criteria have been met. This patient presents status post traumatic partial digit amputation with severe sensitivity over the tip of the remaining digit. There is significant loss of functional ability documented secondary to sensitivity. There are clinical exam findings consistent with irritation of the condylar surfaces and neuroma. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.