

<b>Case Number:</b>	CM15-0111077		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	01/22/2015
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Orthopedic Surgery, Hand Surgery, Sports Medicine

### 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 52 year old female, who sustained an industrial injury on 01/22/2015. She reported injuring her pinky finger while at work. The injured worker is currently working with modifications. The injured worker is currently diagnosed as having right fifth swan-neck deformity. Treatment and diagnostics to date has included right hand MRI which showed focal tearing of the extensor tendon at the distal interphalangeal joint of the right little finger and metallic artifact long the volar aspect of the proximal interphalangeal joint of the little finger, use of finger splint, and medications. In a progress note dated 05/05/2015, the injured worker presented for a follow up evaluation of her chronic right fifth mallet finger deformity. Objective findings include a supple proximal interphalangeal joint and has a chronic rupture of the right little finger extensor tendon into the dorsal base of the fifth distal phalanx that therapy will not solve. The treating physician reported requesting authorization for right 5th finger surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right 5th finger extensor tendon reinsertion into the dorsal base of the distal phalanx, tendon graft, DIP joint K-wire fixation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 270-271.  
Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand, Tendon repairs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed. Pages 168-171. Garberman SF, Diao E, Peimer CA: Mallet finger: results of early versus delayed closed treatment, J Hand Surg (Am) 19:850-852, 1994.

**Decision rationale:** Treatment of closed disruption of the finger extensor tendon onto the base of the distal phalanx is beyond the scope of the California MTUS primary care guidelines, but discussed in detail in the specialty text referenced above. In this case the injured worker has a type I closed zone 1 extensor tendon injury for which standard treatment is 6-8 weeks of full-time splinting of the distal interphalangeal joint in maximal extension. Records reviewed document the patient was evaluated on the date of injury in the emergency department and provided with a splint, but removed that herself the following day and did not follow-up for ongoing medical treatment as recommended. Studies have shown that splinting is still successful in cases such as this with several months delay from the time of injury to treatment; reference listed above. Splinting has not been performed in this case. That is, standard effective non-surgical treatment as not been performed and therefore the proposed surgery is not indicated. Therefore, the requested treatment is not medically necessary.