

Case Number:	CM15-0111271		
Date Assigned:	06/17/2015	Date of Injury:	02/07/2013
Decision Date:	07/24/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	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 69-year-old male who sustained an industrial injury on 02/07/2013 resulting in injury to the right hand. Treatment provided to date has included soft tissue repair and open reduction internal fixation of the right index finger, medications, and conservative therapies/care. Diagnostic testing was not provided or discussed. Comorbidities included hyperlipidemia, pre-diabetes, and diverticulitis of the sigmoid colon, internal and external hemorrhoids, and history of a flexible sigmoidoscopy. There were no other dates of injury noted. On 03/30/2015, physician progress report noted complaints of stiffness and pain in the index proximal interphalangeal joint (PIP) and metacarpal interphalangeal (MIP) joint of the right index finger. The pain was not rated or described. The physical exam revealed a stiff right index MIP joint with 0-30° with pain, no active range of motion of the PIP, tight skin over the distal and middle phalanges with noted pain, and poor capillary refill of the tip of the index finger normal at the web space. The provider noted a diagnosis of painful stiff right index finger. The injured worker was educated about options and decided to procedure with the amputation with ray resection of the right index finger and surgical release contracture amputation with ray section of the right index finger. Plan of care includes surgical intervention and post-operative medications. The surgical procedures were performed on 04/16/2015 without complications. The injured worker's work status remained temporarily very disabled. The request for authorization and IMR (independent medical review) includes a retrospective surgical release amputation with ray section, right index finger (authorized), and retrospective surgical release contracture amputation with ray section, right index finger (non-certified).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro surgical release contracture amputation with ray resection, right index finger:

Upheld

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 Chapter, Amputation Section.

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 1895-1899.

Decision rationale: The index finger ray amputation performed in this case is beyond the scope of the California MTUS primary care guidelines, but is discussed in detail in the specialty text reference above. Records forwarded note the injured worker sustained a severe injury to his index finger with a substantial ongoing deformity, stiffness and pain interfering with function of the whole hand for which he elected to proceed with amputation on April 16, 2015. The entire operative report was not forwarded for review, but the first page lists the procedure performed as ray amputation "there is no mention of contracture release. The documented stiffness/contractures were in the finger which was amputated" that is, there would be no need for contracture release in the finger, which was removed. Records provided support the need for the amputation, but not the contracture release and therefore the request for combined amputation and contracture release is not medically necessary.