

Case Number:	CM15-0117208		
Date Assigned:	06/25/2015	Date of Injury:	11/25/2014
Decision Date:	07/28/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/17/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 31-year-old who has filed a claim for a traumatic amputation injury sustained on November 25, 2014. In a June 10, 2015 Utilization Review report, the claims administrator approved a request for six sessions of hand therapy while denying an ulnar gutter cast and a finger prosthetic. A June 2, 2015 progress note was referenced in the determination. The claims administrator contended that the attending provider had failed to document an injury to the right hand so as to justify provision of a right ulnar gutter splint. The claims administrator also contended that it was not clear that the applicant would profit from the prosthetic. The applicant's attorney subsequently appealed. On June 2, 2015, the applicant presented to her plastic surgeon to follow up on an amputation revision to the index finger, middle finger, and ring finger performed on November 25, 2014. The applicant had improved range of motion in all digits but still reported some residual stiffness. Limited range of motion of the PIP, DIP, and long fingers was appreciated. The applicant did not have residual nails present, it was suggested. The applicant was asked to continue hand therapy and obtain an evaluation for a prosthetic. There was, in fact, no mention of the applicant's having sustained injury to the right hand on this date. A June 3, 2015 RFA form did seek authorization for hand therapy, left finger prosthetics, and a right ulnar gutter cast. A May 6, 2015 progress note stated that the applicant had limited range of motion following revision of amputation procedure. Painful and sensitive stumps were noted. The applicant's work status was not furnished on this date. An April 7, 2015 progress note stated that the applicant had not yet returned to work as a cook owing to issues with neuropathic pain about her fingertips following the revision amputation procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left finger prosthetics: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, online treatment guidelines (http://www.odg-twc.com/odgtwc/Forearm_Wrist_Hand.htm).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Forearm, Wrist, & Hand, Prostheses (artificial limbs).

Decision rationale: The MTUS does not address the topic. However, ODG's Forearm, Hand, and Wrist Chapter Prostheses topic notes the prostheses are medically necessary when furnished incident to a physician's order, when needed to facilitate an applicant's maintaining a defined functional state, and/or when an applicant is motivated to learn to use the limb. Here, the applicant apparently had sustained amputations of several digits with residual hypersensitivity about the digit stumps present on multiple office visits of mid-2015, referenced above. Provision of the prostheses, thus, was necessary to ameliorate the applicant's functional status and to augment the applicant's ability to use the affected digits, despite issues with phantom pain and/or hypersensitivity about the same following the revision amputation procedures. Therefore, the request for left finger prosthetics is medically necessary.

Right ulnar gutter cast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, online treatment guidelines (http://www.odg-twc.com/odgtwc/Forearm_Wrist_Hand.htm).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 does acknowledge that splinting is "recommended" as a first-line treatment for carpal tunnel syndrome, de Quervain tenosynovitis, strains, etc. Here, the attending provider's documentation and progress notes of April 7, 2015, May 5, 2015, and June 2, 2015 made no mention of the applicant's having any active symptoms involving the seemingly asymptomatic right upper extremity. It did not appear that the applicant had sustained any injuries or insults to the unaffected right upper extremity. All of the applicant's symptoms were confined to the left index, middle, and ring fingers; it was reported on a plastic surgery note of June 2, 2015. The June 3, 2015 RFA form did not furnish a clear rationale for provision of an ulnar gutter cast/ulnar splint for what appeared to be an asymptomatic body part. Therefore, the request is not medically necessary.