

Case Number:	CM15-0123925		
Date Assigned:	07/08/2015	Date of Injury:	12/18/2013
Decision Date:	08/10/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/26/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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 64 year old male, who sustained an industrial injury on 12/18/2013. He reported partial amputation of the right index finger when using a power tool, treated in the emergency room and underwent complete surgical amputation of the distal tip of the right #2 digit. Diagnoses include amputation of limb(s) causing abnormal patient reaction. Treatments to date include medication therapy, physical therapy and acupuncture treatments. Currently, he/she complained of pain at the stump of the right index finger. On 6/5/15, the physical examination documented a healed amputation stump in the right index finger at the proximal level of the distal joint. There was decreased active range of motion noted. The x-ray obtained on this date was documented to reveal a small pacification of the ulnar side of the amputation stump and osteophyte formation noted to the right second and third MCP joints. The medical records indicated there was a persistent neuroma causing pain in the right hand. The plan of care included surgical amputation revision and neuroma resection of the right index finger and associated pre-surgical clearance with an internal medicine doctor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amputation revision of the 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-TWC): Forearm, Wrist, & Hand (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: The patient is a 64 year old male who had previously undergone completion amputation of the distal right index finger following a traumatic injury. He is noted to have a continued painful stump with neuroma formation that has failed conservative management of medication therapy, chronic pain treatment, physical therapy and acupuncture. Examination has noted dyesthesias with allodynia to light touch of the right index finger with loss of active motion. Radiographic studies have noted a detached bone fragment of the middle phalanx with mild osteoarthritic changes of the DIP joint. Recommendation had been made for amputation revision with neuroma resection. Previous determination from the hand surgeon had noted that the patient may not have a surgically correctible condition. More recently, the surgeon notes that 'we will not know if this will help until healing occurs.' Overall, based on the entirety of the medical documentation, it is unclear if the patient would likely benefit from the planned surgical exploration, revision amputation and neuroma resection. The patient has undergone multimodal conservative treatment, but as stated amputation revision and neuroma resection may not benefit the patient. From page 270, ACOEM, Referral for hand surgery consultation may be indicated for patients who: have red flags of a serious nature, fail to respond to conservative management, including worksite modifications, have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. As stated there should be evidence of a clear benefit from surgical intervention. This is not present for this patient in the medical records reviewed. A consideration could be given for a local analgesic injection to the neuroma formation of the distal finger. If there were a positive response, then this could help support that a surgical intervention may be of benefit. Therefore, amputation revision and neuroma resection should not be considered medically necessary.

Associated Service: Surgical clearance with an internal medicine physician: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.