

<b>Case Number:</b>	CM15-0129110		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	05/29/2014
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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, Indiana, Oregon  
 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 (IW) is a 38-year-old female who sustained an industrial injury on 05/29/2014. Diagnoses include retained hardware left index finger and stiffness of left index finger. Treatment to date has included medication, surgery and physical therapy. Some of the documentation was difficult to decipher. According to the progress notes dated 5/4/15, the IW reported a problem with the extensor tendon in the operated finger. On examination, there was a 45 degree extensor lag in the left index finger DIP. The IW did not want splinting, but requested reinsertion of the extensor tendon. Further notes dated 6/5/15 stated the operative site looked good without signs of infection. The notes indicated there was 4 degrees of passive range of motion in the left index PIP and full extension in the DIP. A request was made for pre op exam and tenolysis of the left index finger, removal of hardware left index DIP (distal interphalangeal) joint and arthroplasty of DIP joint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tenolysis left index finger, removal of hardware left index distal interphalangeal (DIP), arthroplasty DIP joint:** 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), Treatment Index, 11th Edition (Web), 2015, Forearm, Wrist and Hand Chapter, Tenolysis, Tendon repairs, Hardware Implant removal (fracture fixation), Arthroplasty, finger and/or thumb (joint replacement).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hand.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of finger arthroplasty. According to the ODG, Forearm, Wrist and Hand, Arthroplasty, Finger and/or thumb (Joint Replacement), Indications for joint replacement of the finger or thumb include: Symptomatic arthritis of the proximal interphalangeal joint with preservation of the collateral ligaments. In addition sufficient bone support and intact or at least reconstruct double extensor tendons are recommended. Contraindications include lack of stability such as that with rheumatoid arthritis with destruction of the ligaments, spine accident were not un-reconstructable extensor tendons. Other contraindications include chronic infection and lack of patient compliance. In this case there is no evidence by symptom description or radiograph that arthritis exists in the DIP joint to benefit from arthroplasty. Based on this the request is not medically necessary.

**Pre op exam:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hand.

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