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| Case Number: | CM15-0022110 | | |
| Date Assigned: | 02/11/2015 | Date of Injury: | 03/14/2013 |
| Decision Date: | 04/14/2015 | UR Denial Date: | 12/30/2014 |
| Priority: | Standard | Application Received: | 02/05/2015 |

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, 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 29-year-old male who reported an injury on 03/14/2013. The injured worker was reportedly injured while cutting a piece of metal. The injured worker suffered amputation of the middle, ringer, and small fingers. The current diagnoses include complex issue with the left hand and complex hand trauma with residual involving the ring and small finger. The injured worker presented on 12/16/2014 for an orthopedic surgery re-evaluation. It was noted that the injured worker would require ray amputation as well as removal of hardware from the left ring finger and nail bed ablation with possible grafting. The provider noted no change in the injured worker's position. The metacarpophalangeal joint on the left small finger was within normal limits. The proximal interphalangeal joint had a fixed contracture at 90 degrees. The distal interphalangeal joint had a fixed contracture at 90 degrees as well. There was a complete soft tissue defect. The left ring finger had obvious deformity with a profound hook nail deformity. Recommendations at that time included a small finger ablation. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative exam, QTY: 1: 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) Low Back Chapter, Preoperative testing, general.

Decision rationale: The Official Disability Guidelines state the decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. Although it is noted that the injured worker has received an authorization for the proposed surgical procedure, there was no mention within the documentation provided of a significant medical history or any comorbidities to support the necessity for preoperative testing. Therefore, the request is not medically appropriate at this time.

Associated surgical service: EKG (electrocardiogram), QTY: 1: 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) Low Back Chapter, Preoperative testing, general.

Decision rationale: The Official Disability Guidelines state the decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. Although it is noted that the injured worker has received an authorization for the proposed surgical procedure, there was no mention within the documentation provided of a significant medical history or any comorbidities to support the necessity for preoperative testing. Therefore, the request is not medically appropriate at this time.

Associated surgical service: Spirometry, including graphic record, QTY: 1: 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) Low Back Chapter, Preoperative testing, general.

Decision rationale: The Official Disability Guidelines state the decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. Although it is noted that the injured worker has received an authorization for the proposed surgical procedure, there was no mention within the documentation provided of a significant medical history or any comorbidities to support the necessity for preoperative testing. Therefore, the request is not medically appropriate at this time.

Associated surgical service: In-patient stay (in nights), QTY: 2: Overturned

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) Hospital Length of Stay.

Decision rationale: In this case, it is noted that the injured worker was issued authorization for left small finger ray amputation with reconstruction of the hook nail deformity of the left ring finger. The request for an inpatient admission had been previously denied as this was considered a benign procedure. However, the Official Disability Guidelines state the median length of stay following an amputation of the finger includes 3 days. The current request for a 2 day inpatient stay would fall within guideline recommendations. Given the above, the request is medically appropriate at this time.

Post-operative exam, QTY: 1: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state physician follow-up can occur when the patient requires a release to modified, increased, or full duty, or after appreciable healing or recovery can be expected. In this case, the request is for a postoperative examination. The injured worker has been issued authorization for a left small finger ray amputation with reconstruction of a hook nail deformity of the left ring finger. The request was previously denied as the procedure was considered a benign procedure and a postoperative examination would not be required. However, given that the patient has been issued authorization for a surgical intervention, the medical necessity for a postoperative examination has been established. The current request for 1 postoperative examination is medically appropriate at this time.