MAXIMUS Federal Services

Case Number:	CM15-0026583		
Date Assigned:	02/18/2015	Date of Injury:	04/09/2014
Decision Date:	04/02/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/11/2015

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 34 year old female, who sustained an industrial injury on April 9, 2014. She has reported pain and hypersensitivity of the tip of the left middle finger. The diagnoses have included left middle finger amputation with amputated part reattached as full thickness skin graft. Treatment to date has included occupational therapy, surgery, and imaging studies. A progress note dated January 8, 2015 indicates a chief complaint of continued significant hypersensitivity of the tip of the left middle finger. Physical examination showed substantial hypersensitivity to light palpation if the tip of the left middle finger with dysthesias and allodynia present. The treating physician is requesting excision of the skin graft involving the tip of the left middle finger with an A tasoy Advancement Flap. On February 2, 2015 Utilization Review denied the request citing the California Medical Treatment Utilization Schedule American College of Occupational and Environmental Medicine Guidelines. Documentation from 7/28/14 notes the patient with continued hypersensitivity of the left long finger tip. Recommendation was made for continued desensitization treatment and consideration for diagnostic digital blocks. Modified duty was recommended. Previous conservative management had included physical therapy, silicone sleeve, medical management, activity modification and a home exercise program. Documentation from 2/12/15 notes that the patient underwent steroid injection and prescription for neuropathic pain as recommended by the UR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Excision of Skin Graft Involving the tip of the Left Middle Finger With an A tasoy Advancement Flap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253, 270.

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

Decision rationale: The patient is a 34 year old female with continued tip sensitivity following previous injury and treated with extensive conservative management including silicon sleeve, physical therapy, medical management, home exercise program and activity modification. The initial skin graft from the avulsed part had failed, which was followed by a full thickness graft. Sensitivity is localized to the area of the skin graft. Recommendation had been made for resection of the skin graft and local flap advancement (Atasoy). This procedure was not certified, stating that conservative measures had not been exhausted. Thus, the patient underwent steroid injection and treatment for neuropathic pain. A follow-up from this recent intervention has not been documented yet. Until the success or failure of this intervention has been documented, the requested surgery should not be considered medically necessary. If this intervention fails to improve the patient, then consideration should be given for surgical intervention. From ACOEM, page 270: 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.