

<b>Case Number:</b>	CM15-0091751		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	12/23/1995
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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, Hand 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:

A large volume of records provided document chronic pain in the head, neck, back and all four extremities being treated with narcotics among other medications. A minority of records related to the finger surgical request document finger joint implant arthroplasty in 2011 with multiple subsequent procedures which have failed with ongoing stiffness and pain. The request is beyond the scope of the CA MTUS. The subspecialty text referenced is perhaps the most detailed and respected, but even it does not discuss revision implant arthroplasty and there is no scientific support for the request. PIP implant arthroplasty is generally not recommended in young patients with traumatic arthrosis and failure rates have been high even in lower demand patients. There is no reasonable expectation that the requested surgeries would bring about substantial functional improvement in this case. Rather, it is likely the individual would be subjected to another failed surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Long Finger Removal of Implant with Re-Implantation of Revision Arthroplasty Source, tenolysis of extensor tendons and the manipulation of DIP (distal interphalangeal joint) joint:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-286. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th edition, Arthrodesis and Arthroplasty of Small Joints of the Hand, pages 389-406.

**Decision rationale:** A large volume of records provided document chronic pain in the head, neck, back and all four extremities being treated with narcotics among other medications. A minority of records related to the finger surgical request document finger joint implant arthroplasty in 2011 with multiple subsequent procedures which have failed with ongoing stiffness and pain. The request is beyond the scope of the CA MTUS. The subspecialty text referenced is perhaps the most detailed and respected, but even it does not discuss revision implant arthroplasty and there is no scientific support for the request. PIP implant arthroplasty is generally not recommended in young patients with traumatic arthrosis and failure rates have been high even in lower demand patients. There is no reasonable expectation that the requested surgeries would bring about substantial functional improvement in this case. Rather, it is likely the individual would be subjected to another failed surgery.