

<b>Case Number:</b>	CM14-0173260		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	05/13/2014
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Hand Surgeon and is licensed to practice in South Carolina and Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 36-year-old male who reported an injury due to his right little finger getting caught in the sprocket of a rolling door on 05/13/2014. On 09/02/2014, his diagnoses included right small finger amputation with persistent pain. His complaints included pain at the tip of his right small finger with usage. Upon examination, it was noted that he had a well healed amputated stump but there was a bony prominence at the tip of the finger with less padding at the tip. The scar had healed well but was tender to the touch due to loss of padding. He had good motion at the PIP joint of the small finger. The rationale for the request stated that the injured worker would most likely benefit from a revision amputation with the head and neck of the middle phalanx removed. This would provide more padding at the stump with the subcutaneous tissue and may alleviate his pain when he applies pressure at the tip. He would require a preoperative medical clearance because of his cardiac valvular history. A Request for Authorization dated 09/02/2014 was included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right 5th finger revision amputation with head and neck of the middle phalanx to be removed:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Work Loss data institute

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand, Amputation (surgery).

**Decision rationale:** The request for right 5th finger revision amputation with head and neck of the middle phalanx to be removed is not medically necessary. The Official Disability Guidelines recommend amputation for poor circulation because of damage or narrowing of the arteries via peripheral arterial disease. Without adequate blood flow, the affected tissue begins to die and an infection may set in. Other causes for amputation may include severe injury, cancerous tumor in the bone or muscle of the body part, serious infection that does not improve with antibiotics or other treatment, thickening of nerve tissue, neuroma, and frostbite. In these instances, not only has the body part been rendered useless, but it is also a threat to the life of the individual because the toxic products of tissue disruption are disseminated systemically and much of this decision making is left to the judgments of the surgeon. There is no evidence in the submitted documentation that this injured worker had inadequate blood flow to the previously amputated finger. There was no evidence of cancerous tumor, serious infection, thickening of nerve tissue, neuroma, or frostbite. The clinical information submitted failed to meet the evidence based guidelines for an amputation. Therefore, this request for right 5th finger revision amputation with head and neck of the middle phalanx to be removed is not medically necessary.

**Pre-op medical clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Work Loss data institute

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.