

Case Number:	CM13-0005835		
Date Assigned:	05/09/2014	Date of Injury:	02/24/2011
Decision Date:	06/12/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	08/01/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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 patient is a 53 year old male who was injured on 02/04/2011 when he accidentally lacerated his left index, middle, and ring fingers with a skill saw. The middle finger was almost completely amputated. Prior treatment history has included physical therapy. The patient underwent arthroscopic left triangular fibrocartilage debridement, scapholunate ligament capsulodesis and radiocarpal synovectomy on 07/20/2011. Diagnostic studies reviewed include an x-ray of the left middle finger preoperatively demonstrates a comminuted fracture through PIP joint. An MRI arthrogram left wrist demonstrates triangular fibrocartilage tear and scapholunate ligament. An encounter note dated 06/17/2013 reports the patient is having significant difficulty with lifting and carrying with his left hand. He drops things frequently. He has electric shocks from his finger and wrist radiating up above his elbow and when he lifts heavy objects it aggravates his left upper extremity. He notes that he is unable to use a keyboard with his left hand and he drives primarily with his right hand. On exam, his left middle finger is absent. The patient is diagnosed with left index finger laceration, left middle finger amputation at the proximal interphalangeal joint and left ring finger avulsion and surgical reconstruction, with ulnar digital nerve injury. A PR2 dated 04/30/2013 documents the patient is not permanent and stationary with respect to his wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT CONSULT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations Regarding Referrals, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), 7, INDEPENDENT MEDICAL EVALUATIONS AND CONSULTATIONS, 503-505.

Decision rationale: According to the ACOEM Guidelines, consultations are recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The medical records document the patient was diagnosed with left index figure laceration, left middle figure amputation at the interphalangeal joint and left ring finger avulsion and surgical reconstruction, with ulnar digital nerve injury. A PR-2 dated 4/3/2013 revealed the patient was not permanent and stationary with the respect to the left wrist and there is possibility for another surgery if appropriate. In the absence of a documented clear indication of pain consultation, and given the possibility of another surgical intervention, the request is not medically necessary and appropriate.