

Case Number:	CM13-0052169		
Date Assigned:	12/27/2013	Date of Injury:	07/16/2012
Decision Date:	04/30/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/15/2013

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 Psychology and is licensed to practice in Texas. 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 32-year-old male who reported an injury on 07/16/2012. The mechanism of injury occurred when the injured worker's right hand got caught in a machine, resulting in a traumatic partial amputation of the right first and second fingers, and fractures of the fourth and fifth right distal phalanges. Due to these injuries, the injured worker received an open reduction and internal fixation of the right ring and small fingers, and amputations of the right long finger, with later revisions. The injured worker received appropriate postoperative physical therapy; however, he sustained a rupture of the extensor tendon of the right long finger, and developed an abscess in the dorsal aspect of the right ring finger. He then received an incision and drainage during an emergency room visit, and was placed on antibiotics to treat the abscess. The clinical information submitted for review indicated that the injured worker continued to heal with no further adverse events; however, he continued to experience significant pain and there was discussion of possible hardware removal of the ring finger and another revision of the amputation, to remove the painful contracted stump. Due to the injured worker's chronicity of his pain complaints, it was recommended that he be referred for pain psychology. There was no other information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Consult (Part 4 of 6): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management and Psychological Evaluations Page(s): 78 and 100.

Decision rationale: The California MTUS/ACOEM Guidelines recommend a psych consult for patients undergoing opioid therapy and/or experiencing chronic pain. A consult is especially needed if there is evidence of depression, anxiety, or irritability, and to emphasize non opioid care and self management techniques. In addition, guidelines recommend psychological evaluations for traumatic work injuries, such as that sustained by the injured worker. As the injured worker is at risk for developing new psychological sequelae associated with his traumatic amputations and new physical limitations, as well as being on chronic pain management medications, it is appropriate that he receive psychological intervention at this time. As such, the request for psychological consult (part 4 of 6) is certified