

<b>Case Number:</b>	CM13-0071948		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	11/18/2013
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Occupational Medicine 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:

According to the records made available for review, this is a 45-year-old female with an 11/18/13 date of injury and irrigation and extensive debridement of left middle finger tip amputation including skin, subcutaneous tissue, and bone on 11/18/13. At the time (12/11/13) of the request for authorization for referral to Ortho Hand specialist for evaluation of the left third (3rd) digit, referral to internist for insomnia and anxiety, and referral to psych for anxiety and depression, there is documentation of subjective (symptomatic nervousness and depression and loss of normal sleep, frequent pain in the left wrist and pain in the left hand) and objective (left 3rd digit with partial tip of fingernail amputated) findings. The current diagnoses include: left 3rd digit tip with partial amputation secondary to machinery at work; insomnia, anxiety, depression; and headaches. The treatment to date included medication. Regarding the referral to internist for insomnia and anxiety, there is no documentation that referral to internist is needed 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. Regarding the referral to psych for anxiety and depression, there is no documentation that symptoms of depression have continued for more than six to eight (6-8) weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REFERRAL TO ORTHO HAND SPECIALIST FOR EVALUATION OF THE LEFT THIRD (3RD) DIGIT:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC) PAIN PROCEDURE SUMMARY, (LAST UPDATED 10/14/2013).

**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), INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, PAGE 127.

**Decision rationale:** The ACOEM Guidelines indicate that consultation is 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. This is considered as criteria necessary to support the medical necessity of consultation. Within the medical information available for review, there is documentation of the diagnoses of left third (3rd) digit tip with partial amputation secondary to machinery at work; insomnia; anxiety; depression; and headaches. In addition, given the documentation of irrigation and extensive debridement of the left middle finger tip amputation including skin, subcutaneous tissue, and bone on 11/18/13, there is documentation that a referral to an Orthopedic Hand specialist is indicated to help with diagnosis and management. Therefore, based on guidelines and a review of the evidence, the request for referral to Orthopedic Hand specialist for evaluation of the left third (3rd) digit is medically necessary.

**REFERRAL TO INTERNIST FOR INSOMNIA AND ANXIETY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC), PAIN PROCEDURE SUMMARY, (LAST UPDATED 10/14/2013).

**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), INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, PAGE 127.

**Decision rationale:** The ACOEM Guidelines indicate that consultation is 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. This is considered as criteria necessary to support the medical necessity of consultation. Within the medical information available for review, there is documentation of the diagnoses of left third (3rd) digit tip with partial amputation secondary to machinery at work; insomnia; anxiety; depression; and headaches. However, there is no documentation that a referral to internist is needed 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. Therefore, based on guidelines and a review of the evidence, the request for referral to an Internist for insomnia and anxiety is not medically necessary.

**REFERRAL TO A PSYCHOLOGIST FOR ANXIETY AND DEPRESSION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC), MENTAL ILLNESS & STRESS PROCEDURE SUMMARY (LAST UPDATED 05/13/2013).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), MENTAL ILLNES & STRESS, PSYCHOLOGICAL EVALUTATION.

**Decision rationale:** The MTUS/ACOEM Guidelines identifies documentation of mild depression after symptoms continue for more than six to eight (6-8) weeks, as criteria necessary to support the medical necessity of a psychological evaluation. The Official Disability Guidelines indicate that psychological evaluation are well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Within the medical information available for review, there is documentation of diagnoses of left third (3rd) digit tip with partial amputation secondary to machinery at work; insomnia; anxiety; depression; and headaches. However, there is no documentation that symptoms of depression have continued for more than six to eight (6-8) weeks. Therefore, based on guidelines and a review of the evidence, the request for referral to a psychology for anxiety and depression is not medically necessary.