

Case Number:	CM14-0005143		
Date Assigned:	01/24/2014	Date of Injury:	12/27/2012
Decision Date:	06/10/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/14/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

There is a 1/28/14 physician progress report that states that that patient rates her pain as a 7/10 to the right middle finger. She finds it very sensitive. He states that various pain medications such as Norco as well antiinflammatories were needed, Also, Gabapentin, amitriptyline and Lyrica were tried without success. Grip strength testing in three successive trials on the third setting is: Right hand is 35/30/30 and the left hand is 70/70/70 pounds. The right hand has the healed incision in the palm, She can make a full fist. There is no swelling to the finger. There is good capillary refill. She has normal appearance to it; however, she has paresthesias along the ulnar half of the right middle finger. It is tender as well. There is an appeal for the denial of a pain management referral. The provider states that he has tried extensive conservative management including therapy, pain medications, anti-inflammatories and medications intended for nerve discomfort, they have not helped her. The provider states that the original request was denied by utilization review physician because she alleged that the patient has no pain. The document states that rather the patient's pain has been fairly consistent. At the last visit her pain was a 7/10 to the middle finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT REFERRAL TO PAIN MANAGEMENT FOR EVALUATION AND CARE OF THE RIGHT MIDDLE FINGER: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: The request for outpatient referral to pain management for evaluation and care of the right middle finger is medically necessary. Per the ACOEM MTUS guidelines, a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery. Per the documentation the provider has attempted numerous interventions and the patient has persistent pain. At this point is requesting further evaluation from a pain specialist. The request for outpatient referral to pain management for evaluation and care of the right middle finger is medically necessary.