

Case Number:	CM14-0111805		
Date Assigned:	08/01/2014	Date of Injury:	01/08/2013
Decision Date:	10/09/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/17/2014

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 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 52 year old female whose date of injury is 01/08/2013. On this date her left hand and ring finger became stuck between two metal containers. The injured worker sustained a left middle/ring finger tuft fracture. Treatment to date includes left cervical stellate ganglion block on 03/12/14. Re-evaluation dated 04/10/14 indicates that the block did not provide any significant benefit. Impression is status post crush injury to the left hand, and complex regional pain syndrome of the left upper extremity. Progress report dated 06/11/14 indicates that she complains of persistent left arm pain. She is anxious to proceed with the next block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anesthetic Blocks - Left Ring Finger Digit Mcp Jt, Pip Jt & Ulnar Nerve At Canal Of Guyon Qty: 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 103-104.

Decision rationale: Based on the clinical information provided, the request for anesthetic blocks-left ring finger digit MCP jt, PIP jt and ulnar nerve at canal of Guyon Qty: 3 is not recommended as medically necessary. The injured worker underwent prior stellate ganglion blocks and did not report any significant improvement. Additionally, there is no current, detailed physical examination submitted for review as the most recent evaluation provided is over 3 months old. Therefore, medical necessity of the request for anesthetic blocks-left ring finger digit MCP jt, PIP jt and ulnar nerve at canal of Guyon Qty: 3 is not established in accordance with CA MTUS guidelines.