

Case Number:	CM14-0171167		
Date Assigned:	10/23/2014	Date of Injury:	10/10/2013
Decision Date:	12/02/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/16/2014

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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for shoulder, mid back, arm, and leg pain reportedly associated with an industrial injury of October 10, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; partial amputation of the hand/arm; stellate ganglion block; and extensive periods of time off of work. In a Utilization Review Report dated October 7, 2014, the claims administrator denied a request for 'fluoroscopic guidance for needle placement.' It was stated that the applicant had developed a seroma status post amputation. The claims administrator stated that specific treatment guidelines to address the request were not available and that it was, in part, denying the request on that basis. The claims administrator stated that the attending provider did not furnish a compelling rationale for the fluoroscopically-guided seroma injection and suggested that the applicant might be a candidate for other procedures, such as a more extensive debridement surgery. The claims administrator stated that it was basing its decision on a September 25, 2014 progress note and/or associated RFA form. In a September 4, 2014 progress note, the applicant reported ongoing complaints of left upper extremity pain. The applicant had apparently developed reflux sympathetic dystrophy/chronic regional pain syndrome following the traumatic amputation of the hand. The applicant's medication list included Norco, Neurontin, Elavil, and Ambien. Several medications were refilled. The applicant was asked to do scar massage at the amputation site with lotion to desensitize the area. The applicant's work status was not furnished. It was stated that the applicant could consider a left sympathetic stellate ganglion block whenever he so desired. An August 29, 2014 shoulder MRI suggested that the applicant had evidence of fluid collection about the amputation site which likely represented a postoperative hematoma versus seroma. On July 31, 2014, the attending provider sought authorization for a left sympathetic stellate ganglion block under fluoroscopic guidance for left

shoulder sympathetic pain control. On October 25, 2014, the applicant reported residual complaints of left arm pain, 8/10, status post amputation. The attending provider sought authorization for a left shoulder injection/left upper extremity injection under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopic Guidance for Needle Placement leg biopsy, aspiration, injection, localization device): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology (ACR), Image-Guided Percutaneous Drainage, Aspiration, and Biopsy Procedures

Decision rationale: Based on the attending provider's description of the services being sought, this appears to represent a request for a fluoroscopically-guided aspiration of a seroma. The MTUS does not address the topic. However, as noted by the American College of Radiology (ACR), image-guided percutaneous drainage and aspiration procedures can provide therapeutic treatment for many types of fluid collections, including the seroma reportedly present here. The applicant's anatomy, here, it is further noted, is likely complicated by the prior traumatic amputation, making fluoroscopic guidance all the more valuable here. Therefore, the request is medically necessary.