

Case Number:	CM14-0056416		
Date Assigned:	07/09/2014	Date of Injury:	02/24/2011
Decision Date:	09/03/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/25/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 53 year-old-male who sustained an injury to his left hand/wrist on 02/24/11. While performing his usual and customary duties as a handyman; he accidentally lacerated his left index, middle, and ring fingers with a skill saw. Clinical note dated 12/24/13 reported that the middle finger was almost completely amputated. He was initially seen at the emergency department and plain radiographs demonstrated incomplete amputation of the middle finger. Magnetic Resonance Imaging (MRI) of the left wrist/hand demonstrated a Triangular Fibrocartilage Complex (TFCC) tear and scapholunate ligament tear. The injured worker underwent another surgical procedure on 07/20/11, consisting of arthroscopic left TFCC debridement, scapholunate ligament capsulodesis, and radial carpal synovectomy. The injured worker underwent a post-operative regimen of physical therapy but continued to drop things frequently. The injured worker reported electric shocks from his finger and wrist radiating up above his elbow. Current medications include Gabapentin, Citalopram, and Norco. Utilization review dated 4/18/2014 for the request for transfer of care to Pain Management/PMR was determined to be not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transfer Of Care To Pain Management/Preliminary review: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7, Independent Medical Examination and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office visits.

Decision rationale: The request for transfer of care to Pain Management/Preliminary Review is not medically necessary. Previous request was modified to certify referral to pain management/PMR consult. The injured worker has a long-standing injury with conservative treatment and surgery, though pain and symptoms remain. Current evidence-based guidelines recommend consult may be referred, rather than a transfer of care, in case taking full responsibility of the care of the injured worker is unlikely; therefore, the request was modified to certify for referral only. After reviewing the clinical documentation submitted for review, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given this, the request for transfer-of-care to pain management/preliminary review is not indicated as medically necessary.