

Case Number:	CM14-0071810		
Date Assigned:	07/16/2014	Date of Injury:	11/02/2013
Decision Date:	09/23/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/19/2014

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 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 36-year-old male with a reported injury on 11/02/2013. The mechanism of injury was due to a laceration on his thumb from a metal chain. The diagnoses included healing distal thumb partial amputation. There was no evidence of previous treatments such as the treatment of therapy, home exercise program, or the use of NSAIDs. The injured worker had an examination on 03/06/2014 for a recheck of his right thumb partial amputation. Upon examination it revealed that his healing was very well with small punctuate lesion at the distal end of the right thumb. An x-ray was reviewed which showed good alignment and good soft tissue coverage of the distal end of the bone. The medication list included Motrin and Ultram. The pain was not assessed on a VAS pain scale. The recommended plan of treatment was for him to continue with wound care and to follow-up in 6 weeks. There was no mention of a pain management consultation and again the pain level was not assessed. The Request for Authorization and the rationale was not provided for pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medical Practice Guidelines, 2nd Edition, 2004, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, office visits.

Decision rationale: The request for pain management consultation is not medically necessary. The American College of Occupational and Environmental Medicine Guidelines recommend physician follow-up to occur when patients need a release to modify, increase, or full duty, or after appreciable healing, or recovery can be expected on average. A physician follow-up might be expected every 4 to 7 days if the patient is off work and 7 to 14 days if the patient is working. The Official Disability Guidelines recommend pain office visits for evaluation and management and proper diagnosis and also the return of function to an injured worker. The need for a clinical office visit with a healthcare provider is individualized upon a review of the patient's concerns, signs and symptoms, clinical stability, and the reasonable physician judgment. It was shown upon examination that the injured worker is on Motrin and Ultram. There has been no evidence of pain management that has been attempted such as exercise programs or a different plan of medications. There is no evidence of efficacy or that these medications have failed. There was not a questionable diagnosis and there was not a list of functional deficits. The injured worker did not have any concerns and signs and symptoms of pain were not provided. There is a lack of evidence to support the need for a pain management consultation. Therefore, the request for pain management consultation is not medically necessary.