

<b>Case Number:</b>	CM14-0201445		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	12/29/2011
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 myofascial pain syndrome and chronic hand pain, chronic forearm pain, chronic finger pain, and chronic knee pain reportedly associated with an industrial injury of December 29, 2011. In a Utilization Review Report dated November 2, 2014, the claims administrator approved a fifth digit PIP joint fusion surgery with hardware removal, certified 12 sessions of postoperative physical therapy, approved Relafen, approved Norco, and approved a postoperative splint while denying a comprehensive history and physical. The claims administrator employed non-MTUS Guidelines on preoperative testing to deny the preoperative history and physical. It was stated that the applicant did not have any compelling medical history, at age 53, which would warrant preoperative history and physical. The claims administrator referenced progress note of October 20, 2014, and RFA form of November 11, 2014, in its determination. The applicant's attorney subsequently appealed. On October 20, 2014, the applicant reported ongoing complaints of hand and finger pain. The applicant had previously undergone right fifth digit PIP fusion surgery. 8/10 pain was noted. Stellate ganglion block had proven unsuccessful. The applicant wished to pursue an implant removal, it was stated. On October 17, 2014, it was stated that the applicant did have a variety of issues, including hand and finger pain, complex regional pain syndrome type 1, history of prior finger surgery, history of drug abuse, and chronic myofascial pain syndrome. The applicant was using Lunesta, Tylenol No. 3, Neurontin, Relafen, and Prilosec as of this point in time. It was suggested that the applicant was working as a home builder customer representative as of this point in time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(Associated services) Comprehensive H&P:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): TABLE 8-8, PAGE 183.

**Decision rationale:** Yes, the proposed comprehensive history/preoperative history and physical was/is medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in ACOEM Chapter 11, does not address the topic of preoperative history and physical prior to planned hand and finger surgery, the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 183, notes that careful preoperative education in applicant regarding expectations, complications, and short and long term sequela of surgery is "recommended." Here, the applicant apparently has multifocal pain complaints, is status post prior hand and finger surgery, and has a history of drug abuse, it was suggested on an earlier progress note of October 17, 2014, referenced above. A preoperative history and physical to address some of the preoperative issues that the applicant might experience, particularly in terms of pain control is, thus, indicated here. Therefore, the request is medically necessary.