

Case Number:	CM14-0206439		
Date Assigned:	12/18/2014	Date of Injury:	06/26/2014
Decision Date:	05/22/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 who reported an injury on 06/26/2014. The mechanism of injury was the injured worker was cut or punctured by an electric cutter. The documentation of 11/13/2014 revealed the injured worker had no improvement and had 16 sessions of therapy. The injured worker had aggressive desensitization. The treatment plan included a revision of the scar with excision of the sensory neuroma and bearing of the sensory nerve stump, which had been approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Op Comprehensive History and Physical: 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 Other Medical Treatment Guideline or Medical Evidence:<http://www.choosingwisely.org/?s=preoperative+surgical+clearance&submit=>.

Decision rationale: Per the Society of General Internal Medicine Online, "Preoperative assessment is expected before all surgical procedures." The clinical documentation submitted for review indicated the injured worker had been approved for surgical intervention. As such, this request would be supported. This review presumes that surgery is planned and will proceed. There is no medical necessity for this request if surgery does not occur. Given the above, the request for a preoperative comprehensive history and physical is medically necessary.

Norco 5/325mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60,78.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of objective functional benefit and an objective decrease in pain. There was a lack of documentation indicating the injured worker was being monitored for aberrant drug behaviors and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 5/325 mg quantity 30 is not medically necessary.

12 Post-Op Hand Therapy Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS Postsurgical Guidelines recommend 8 sessions of therapy for digital nerve repair. The initial therapy is half the recommended number of visits, which would be 4. This request would be supported for 4 visit. However, the request as submitted failed to indicate the laterality for the therapy and exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for 12 postoperative hand therapy sessions is not medically necessary.