

Case Number:	CM15-0133426		
Date Assigned:	07/21/2015	Date of Injury:	11/12/2013
Decision Date:	08/17/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 39-year-old male patient who sustained an industrial injury on 11/12/2013. The injured worker was involved in a severe crush injury to the left upper extremity while cleaning a cement mixer. An operative report dated 01/27/2015 reported the patient having undergone debulking of left hand radial forearm flap with local tissue rearrangement.

The patient has participated in post-operative physical therapy session. Wears a splint, and performs stretching exercises. A follow up dated 03/11/2015 described the edema with improvement, excellent range of motion with full fist and full extension to the limits of the index finger scarring with allow, there is a baseline extension with an approximate 20-degree residual lag in the index finger MP joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management and treatment: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165, 180.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work injury in November 2013 while cleaning a cement mixer. He sustained a massive crush injury to the left upper extremity with amputation of the second and third finger. He underwent revision plastic surgery in January 2015. When seen, he was having constant wrist and hand pain. He was having intermittent left forearm pain. Physical examination findings included moderate tenderness with muscle spasms and decreased wrist range of motion. There were trigger points. He was having increasing pain with worsening function. Authorization for a pain management consultation was requested. Prior treatments had included medications and therapy including modalities. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has ongoing symptoms despite extensive conservative treatments and sustained a significant upper extremity injury requiring multiple surgeries. Whether other treatments including interventional care might be an option in his care could be addressed by the requested pain management consultation. Any requested treatments would be subject to review prior to authorization. This request was medically necessary.