

<b>Case Number:</b>	CM15-0144811		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	05/12/2015
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 38-year-old male who sustained an industrial injury on 05-12-2015 while drilling into a pipe when the drill bit got caught causing a twisting and displaced fracture of the 4th metacarpal. The injured worker underwent an open reduction internal fixation of the right 4th metacarpal on June 4, 2015. Treatment to date has included diagnostic testing, surgery, physical therapy, hand therapy and medications. According to the primary treating physician's progress report on July 10, 2015, the injured worker continues to experience stiffness with less pain and swelling at this 5th week post-operative visit. X-rays at the office visit noted a nearly healed fracture and no signs of infection. According to the primary treating physician on July 14, 2015, sensation to light touch of the right dorsal thumb, right index and small fingertips were intact. Current medication was noted as Ultram. Treatment plan consists of continuing with physical therapy and the current request for a pain management consultation for right hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with pain medicine regarding the right hand:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Page 127.

**Decision rationale:** Pursuant to the ACOEM, consultation pain management regarding right hand of one is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, for certain antibiotics require close monitoring. In this case, the injured worker's working diagnosis is one-week status post open reduction internal fixation of the right fourth metacarpal fracture. The date of injury is May 12, 2015. The request for authorization is July 10, 2015. The primary treating provider is [REDACTED] (orthopedist). According to a June 12, 2015 progress note, there is no discussion, clinical indication or rationale for a pain management provider consultation. Subjectively, the injured worker is one week status post open reduction internal fixation. He is doing well. Objectively, the injured worker is in no acute distress with no evidence of infection. The injured worker is slated to begin physical therapy three times per week for the next four weeks. As noted above, there is no documentation in the treatment plan or indication/rationale for pain management consultation. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, consultation pain management regarding right hand of one is not medically necessary.