

Case Number:	CM15-0189164		
Date Assigned:	10/01/2015	Date of Injury:	02/26/2015
Decision Date:	11/19/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/25/2015

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

Certification(s)/Specialty: Emergency 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 24 year old male, who sustained an industrial-work injury on 2-26-15. He reported initial complaints of headaches, intermittent chest pain, intermittent right shoulder pain, right elbow and forearm pain, and intermittent right wrist, hand, ring and middle finger pain. The injured worker was diagnosed as having right hand and finger pain, status post amputation of distal 3rd and 4th digits, right elbow pain sprain-strain, right shoulder sprain-strain, chest pain, anxiety, and stress. Treatment to date has included medication, surgery (right ring finger and middle finger amputation), diagnostics, and physical therapy. Currently, the injured worker complains of persistent intermittent right anterior chest pain, right shoulder, and tension headaches due to stress. Sleep is also affected. Medications include Cyclobenzaprine, Omeprazole, and Ibuprofen. Per the primary physician's progress report (PR-2) on 8-7-15, exam of chest notes tenderness over the right pectoralis muscle region, lungs are clear, heart sounds are normal with regular rhythm, back and abdomen are negative, tenderness over the right shoulder girdle with increased muscular tone in right deltoid and trapezius, tenderness on the volar and dorsal aspect of the right elbow and forearm and right wrist and hand. There is a distal amputation of right ring and middle finger, but finger approximation is intact, thumb opposition is intact, finger squeeze testing is greater than 4+ out of 5 on right hand. Left hand is normal. The Request for Authorization requested service to include orthopedic consultation for partial amputation of 3rd and 4th fingers. The Utilization Review on 8-25-15 denied the request for orthopedic consultation for partial amputation of 3rd and 4th fingers, per American College of Occupational and Environmental Medicine, Chapter 7, Page 127.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consultation for partial amputation of 3rd and 4th fingers: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, Page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, Initial Approaches to Treatment.

Decision rationale: As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. Patient has just been seen by this provider. There is no documentation of what conservative care has been attempted. Patient had a prior hand surgeon involved with care and there is no documentation submitted concerning recommendation and prognosis report from prior hand surgeon and why additional consultation was needed for a healed partial amputation injury. Without this information or any details of prior conservative care, this consult request is not medically necessary.