

Case Number:	CM15-0021879		
Date Assigned:	02/11/2015	Date of Injury:	08/21/2014
Decision Date:	05/01/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/05/2015

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: Arizona, Texas

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 46 year old male who sustained an industrial injury on 08/21/2014. Diagnoses include right hand crush injuries with soft tissue avulsions to the distal ends of the thumb, index, middle and right fingers, right ring finger amputation of the distal end, and right small finger interarticular fracture of the base of the distal phalanx. Treatment to date has included medications, CPM machine, mallet splint, 24 occupational therapy visits and 12 physical therapy visits, continuation with the immobilization and stretching program for the IP joint of the thumb. A physician progress note dated 12/01/2014 documents the injured worker has gross deformity of the right thumbnail. There was a significant parrot beak deformity and hardly any pulp tissue was left. The flexion contracture of the interphalangeal joint was improving but significant. Continued stiffness was present but was improving. Swelling was decreased and motion was better. The plan is for a revision of the thumb at a later time once the fingers are suppler because the flap would keep the thumb and index finger immobilized. Use of the CPM machine will continue. The injured worker has responded to Prednisone in the past, to reduce pain and inflammation. Treatment requested is for Prednisone 20MG #33-3 Week Supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prednisone 20MG #33-3 Week Supply: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Oral Corticosteroids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

Decision rationale: The MTUS is silent regarding the use of corticosteroids for the treatment of chronic pain. The ODG recommends oral corticosteroids for the treatment of acute radicular pain associated with the low back, but not for chronic pain, unless the patient presents with polymyalgia rheumatica. Medrol is not approved for the treatment of pain. In this case the patient has chronic pain associated with his hand. There is no diagnosis of Polymyalgia Rheumatica. The use of prednisone is not medically necessary.