

Case Number:	CM15-0036216		
Date Assigned:	03/04/2015	Date of Injury:	05/21/2014
Decision Date:	04/16/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/26/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 52 year old female who sustained an industrial puncture wound injury to the left index finger on May 21, 2104. She was reaching into a trash container and was stuck by a needle. The injured worker was diagnosed with personal contact & exposure to hazardous body fluids. According to the treating physician's supplemental report on February 5, 2015 the injured worker holds her left index finger in flexion which is passively fully correctable but cannot straighten the finger actively herself. No allodynia was noted. The finger is noted to be extended at the MP (metacarpophalangeal) and flexed at the PIP (proximal interphalangeal). A magnetic resonance imaging (MRI) performed on October 22, 2014 noted mild scarring of the left index finger without adjacent edema, fluid collection or findings of osteomyelitis. The extensor and flexor tendons are normal. Current medications were not listed. Treatment modalities consisted of physical therapy and paraffin, Hepatitis B Vaccine and 6 month protocol blood draw for HIV and Hepatitis C. The treating physician requested authorization for Psyche consultation and evaluation regarding the left index finger. According to the Utilization Review the evaluation is to determine if the finger is mechanical versus psychogenic. On February 18, 2015 the Utilization Review denied certification for Psyche consultation and evaluation regarding the left index finger. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psyche consultation and evaluation to left index finger: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127 and on http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Psychological Evaluations, Psychological Treatment, Weaning Medications Page(s): 23; 100-102, 124.

Decision rationale: The MTUS Guidelines strongly recommend the identification and management of coping skills, describing these elements as often being more important to the treatment of pain than the ongoing medications used. When there is documented evidence of functional improvement, psychotherapy sessions should be continued. The submitted and reviewed documentation described no structural explanation for the worker's limited left second finger movement and suggested the concern that mental or emotional issues may have been a primary cause. In addition, persistent loss of function can sometimes result in increased strain. In light of this supportive evidence, the current request for consultation and evaluation by a 'psyche' specialist for the worker's left index finger symptoms is medically reasonable.