

Case Number:	CM14-0146137		
Date Assigned:	09/12/2014	Date of Injury:	05/20/2014
Decision Date:	10/30/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57 year-old female who was injured on 5/20/14 when her left thumb was caught and crushed in a motor. She had a partial left thumb amputation, continued neuropathic pain with difficulty in grasping, gripping, and carrying objects. She complains of anxiety about returning to work. On exam, she has pain with flexion and pincer grasp with normal reflexes and strength. An x-ray showed amputation of the distal tip of the first phalange. She was diagnosed with partial amputation of distal finger, neuropathic pain, and distal phalanx fracture. She was initially given antibiotics. She was prescribed Norco, Voltaren gel. The current request is for a psychology consultation with 24 follow-up sessions for stress and anxiety, 8-12 occupational therapy sessions for desensitization, and orthopedic consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain psychology consultation and 18 to 24 follow up visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations page(s) Page(s): pp100-101.

Decision rationale: The request is not medically necessary as stated. The patient would likely benefit from a psychological consultation given the extreme anxiety and stress she feels about returning to her job and because she is on Celexa. However, it is difficult to say if 18-24 sessions are really necessary without the initial consultation. That would need to be determined by the psychologist. Psychological evaluations determine if psychological treatment is necessary.

Occupational therapy 8-12 sessions for the left thumb: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): page(s) 98-99.

Decision rationale: The request is not medically necessary as stated. According to MTUS guidelines, the recommended number of visits for neuralgia is 8-10 visits over four weeks. Therefore, 8-12 sessions are not medically necessary.

Second opinion for orthopedic consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS/ACOEM: Independent Medical Examinations and Consultations regarding referrals

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: The request is not considered medically necessary. There is no indication on exam or testing that would require the intervention of an orthopedic physician. The patient suffers from neuropathic pain s/p amputation of distal thumb. There is no indication from the chart that her wound requires additional opinions from orthopedics. Continued medical management with conventional treatment and management of mood disorders is likely to be the most beneficial. "Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan."