MAXIMUS Federal Services

Case Number:	CM14-0086963		
Date Assigned:	07/23/2014	Date of Injury:	07/10/2011
Decision Date:	09/26/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/10/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 51-year-old male was reportedly injured on July 10, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated may 27th 2014, indicates that there are ongoing complaints of upper back pain as well as pain in the right wrist/hand. The physical examination demonstrated an amputation of the fourth digit of the right hand and decreased sensation at the tip of the right index finger, dorsal aspect of the right thumb in the tip of the right small finger. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes an Open Reduction Internal Fixation (ORIF) of the right middle finger and subsequent removal of hardware and physical therapy. A request had been made for six visits of physical therapy for the right hand, a psychiatric follow-up, and a pain management Follow-up with a different pain management physician and was not certified in the pre-authorization process on June 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT) 1X6 to the Right Hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: A review of the attached medical record indicates that the injured employee has had numerous physical therapy appointments for the right hand to include 12 visits this year alone. The California chronic pain medical treatment guidelines recommends a total of 14 visits for post amputation physical therapy for a finger and for this to take place over three months time. Considering this, the request for six visits of physical therapy is not medically necessary.

Psyche Follow-up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 391,398,Chronic Pain Treatment Guidelines Psychopathological Evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102.

Decision rationale: A review of the attached medical record indicates that the injured employee has had previous psychiatric treatment for anxiety and stress. However there is no documentation regarding the efficacy of this prior treatment. Considering this, additional psychiatric follow-ups cannot be justified. As such, this request for a psychiatric follow-up is not medically necessary.

Pain Management Follow-up-Different PM Physician: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation ACOEM 2004,Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004),â¿¯ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: The injured employees now over three years status post amputation of the right ring finger. It is unclear what pain medications the injured employee is still taking and efficacy of these medications as well as special pain needs the injured employee may need that would require specialty care from pain management. Without additional clarification and justification, this request for a pain management follow-up with a different pain management physician is not medically necessary.