

<b>Case Number:</b>	CM15-0177405		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	01/06/2015
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, 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 61 year old male who sustained an industrial injury on 1-6-15. Diagnoses are noted as status post amputation five digits, partial hand amputation, status post replantation middle; ring; little, status post free flap left thigh to right hand. Previous treatment includes hand therapy, 13 surgeries, and splinting. In an operative report dated 6-13-15, the physician notes the injured worker sustained a crush injury to the right hand. He is status post replantation of multiple digits of the hand and free flap coverage of the soft tissue defect. It is noted he plateaued with therapy in terms of passive range of motion and now presents for tenolysis and capsulotomies. In a progress report dated 7-2-15, the physician notes residual swelling over the right hand. An x-ray of the right hand is noted to show stable hardware fixation phalanges, diffuse osteopenia, degenerative changes wrist, status post amputation thumb and index. Passive flexion of metacarpophalangeal joint of middle, ring and little digits is approximately 30 degrees. Work status is that he has applied for another position. In a physical therapy treatment note dated 7-14-15, it is reported that he still has some difficulty sleeping and takes pain medication every 11-12 hours. In a physical therapy re-evaluation note dated 8-11-15, it is reported this is visit #12. Pain related to the right index finger condition is noted to be 4 out of 10 at rest, 2-3 out of 10 at best, 9-10 out of 10 at worst- phantom pain, and those symptoms disrupt his sleep 1-2 times per night. The requested treatment of pain management consult and treatment was non-certified on 8-18-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consult and treatment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

**Decision rationale:** Regarding the request for referral to pain management for consultation and treatment, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient has ongoing pain corroborated by physical exam findings. However, it is unclear exactly why pain management consultation is being requested. The patient's current physician seems to feel comfortable prescribing the patient's current medications and there is no discussion regarding any interventional treatments being sought. In light of the above issues, the currently requested referral to pain management for consultation and treatment is not medically necessary.