

Case Number:	CM15-0072696		
Date Assigned:	05/20/2015	Date of Injury:	10/22/2014
Decision Date:	06/24/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58-year-old man sustained an industrial injury on 10/22/2014 after his hand was caught in a cutting machine. The worker received immediate medical care for finger amputation and severe lacerations. Evaluations include undated left hand x-rays. Diagnoses include severe cut injury to the left hand with amputation of the left index finger and severe laceration of the left thumb. Treatment has included oral medications and surgical intervention. Physician notes dated 3/19/2015 show complaints of left thumb stiffness and very little range of motion, pain and stiffness of the left index finger, and numbness and tingling at the tip of the thumb. Recommendations include occupational therapy, urine drug screening, removal of the plate in thumb, Ambien, thumb spica brace, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy to the left hand 3 times per week for 4 weeks: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained an injury a work injury on 10/22/14 when his hand was caught in a saw. He sustained a left thumb laceration and ultimately underwent an amputation of the left index finger at the middle phalanx. When seen, he had completed five therapy sessions. He was having neck pain and left hand pain with numbness. Pain was rated at 7-8/10. There was cervical spine tenderness with decreased range of motion. He had left hand tenderness with decreased range of motion. Authorization for additional therapy and urine drug screening was requested. Tramadol was prescribed. Guidelines recommend up to 18 visits over 6 weeks following a finger amputation. In this case, the additional number of treatments requested was within the guideline recommendation and is medically necessary.

Urine toxicology screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Citation (Section): Opioids, criteria for use Page(s): 77-78.

Decision rationale: The claimant sustained an injury a work injury on 10/22/14 when his hand was caught in a saw. He sustained a left thumb laceration and ultimately underwent an amputation of the left index finger at the middle phalanx. When seen, he had completed five therapy sessions. He was having neck pain and left hand pain with numbness. Pain was rated at 7-8/10. There was cervical spine tenderness with decreased range of motion. He had left hand tenderness with decreased range of motion. Authorization for additional therapy and urine drug screening was requested. Tramadol was prescribed. Criteria for the frequency of urine drug testing include risk stratification. In this case, the claimant appears to be at low risk for addiction/aberrant behavior. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the requesting provider does not appear to have performed prior urine drug screening and therefore the request is medically necessary.