

Case Number:	CM13-0015989		
Date Assigned:	12/11/2013	Date of Injury:	09/10/1996
Decision Date:	02/25/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Sports 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 physician 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 patient is a 64-year-old female who reported injury on 09/10/1996. The mechanism of injury was stated to be a slip and fall. The patient was noted to have right wrist pain, which was increased by forceful gripping, and the patient indicated they had right thumb and adjoining wrist area pain with swelling since 12/01/2010. It was further stated that the patient had the pain that was present since the injury, and it increased around 11/30/2010 with swelling around the right thumb. The physical examination revealed swelling over the right thenar area, especially over the carpometacarpal (CMC) joint over the radial aspect. There was noted to be moderate tenderness of the first CMC joint region and decreased thumb flexion, abduction, and adduction by about 50% in all directions due to pain. The left thumb CMC area was noted to be minimally tender with no swelling noted. The patient was noted to have full range of motion of the left thumb. The diagnoses were noted to include right thumb and CMC area strain with significant exacerbation and swelling since approximately 12/01/2010. The request was made for a hand surgeon consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for hand surgery consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 OMPG, Cornerstones of

Disability Prevention and Management ch 5 (75-92) and MTUS ACOEM 2004 OMPG, Independent Medical Examinations and Consultations ch 7 (pg 127-146).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: ACOEM Guidelines indicate a referral for a hand surgery consultation may be indicated for patients who have red flags of a serious nature, failed to respond to conservative management including work site modifications, have clear clinical and special study evidence of a lesion that has been shown to benefit in both the long and short term from surgical intervention. Clinical documentation submitted for review failed to indicate the patient had failed conservative care, and additionally, there was a lack of documentation indicating the patient had special study evidence of a lesion that has been shown to benefit in both the short and long term from surgical intervention. Given the above, the request for hand surgery consultation is not medically necessary.