

Case Number:	CM13-0019384		
Date Assigned:	10/11/2013	Date of Injury:	03/22/2012
Decision Date:	01/07/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/03/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 29 year old male with a date of injury on 3/22/12. The patient's diagnoses include right upper extremity pain scapula fracture and wrist osteoarthritis after distal radius fracture. The progress report dated 8/12/13 by [REDACTED] noted that the patient complained of right upper extremity pain. Exam findings included right periscapular and trapezial tenderness, positive impingement test on the right, pain at end range of motion of the wrist, swelling and tenderness at the dorsal ulnar aspect of the right wrist. A request was made for a second opinion consultation with a hand specialist. The [REDACTED] report dated 9/3/13 by [REDACTED] noted that a second hand surgery opinion was reasonable and medically necessary for his ongoing right wrist discomfort and impairment. The utilization review letter dated 8/22/13 noted that the patient had right wrist arthroscopic synovectomy of the radiocarpal joint on 11/26/12 and no significant quantitative changes in subjective and objective findings since the surgery have been documented in the provided records. It was also noted that no documentation of significant objective improvement in pain or function in the right wrist after 52 PT sessions was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

A second opinion consultation with a hand specialist: Overturned

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

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), page 127..

Decision rationale: The progress report dated 8/12/13 by [REDACTED] noted that the patient complained of right upper extremity pain. Exam findings included right periscapular and trapezial tenderness, positive impingement test on the right, pain at end range of motion of the wrist, swelling and tenderness at the dorsal ulnar aspect of the right wrist. A request was made for a second opinion consultation with a hand specialist. MTUS does not have a relevant reference for this request. A non-MTUS reference was used instead. ACOEM Guidelines state that the occupational health practitioner may refer to other specialists 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. The records indicate that the patient continues to suffer from persistent right wrist pain despite extensive physical therapy following surgery on 11/26/12. The complexity of the patient's clinical problems warrants a second opinion. The guidelines do not specifically address second opinion but obtaining a specialty consultation is reasonable. The request for a second opinion consultation with a hand surgeon is medically necessary and appropriate.