

<b>Case Number:</b>	CM13-0024674		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	07/15/2011
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 and Rehabilitation 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 25-year-old female who sustained a work related injury on 07/15/2011. The clinical information indicates that the patient underwent right de Quervain release followed by post-op physical therapy. The patient has been treated with acupuncture, physical therapy, injections, bracing, and medication management. The most recent progress report dated 09/17/2013 documented subjective complaints of low back pain rated 4/10. The patient also reported right wrist pain rated 6/10 aggravated with range of motion. The objective findings revealed decreased grip strength on the right and bilateral mild tenderness of the thoracic spine. Per the progress report, an MRI dated 09/01/2011 revealed a mild amount of fluid within the ulnocarpal and radiocarpal joints next to the triangular fibrocartilage. The patient's diagnoses included status post right wrist de Quervain release, cervicothoracic strain, and lumbar strain. The treatment plan included a follow up and continuation of Anaprox.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for a second opinion orthopedic consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS 2009: ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 127.

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

**Decision rationale:** The California MTUS/ACOEM Guidelines state a surgical referral may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management, including worksite modifications and have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. The clinical information submitted for review indicates the patient is stable on the medical treatment being provided by [REDACTED] as she has returned to work. Additionally, the documentation submitted for review lacks a rationale as to why the patient would require a second orthopedic opinion as physical examination findings do not support surgical intervention. Based on the documentation submitted for review and Official Disability Guidelines, the request for second opinion orthopedic consultation is non-certified.