

<b>Case Number:</b>	CM13-0035185		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	09/20/2012
<b>Decision Date:</b>	03/04/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 General Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Texas. 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 33-year-old female who reported a work-related injury on 09/20/2012. Clinical note dated 09/04/2013 stated the patient was status post right wrist arthroscopy and right wrist arthroscopic debridement of the TFCC 4 months prior to this date. The patient stated she was doing better, but had constant 5/10 pain. She noted that therapy had not alleviated all of her symptoms. The patient's diagnoses also included right lateral epicondylitis and extensor tendon tendonitis and right cubital tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A Referral to a Hand Specialist for Second Opinion:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 and Hand Chapter, Office Visits.

**Decision rationale:** The Official Disability Guidelines indicate that office visits are recommended as determined to be medically necessary. Guidelines further state that the determination of necessity for an office visit requires individualized case review and, being ever

mindful that the best patient outcomes are achieved with eventual patient independence from the healthcare system through self-care as soon as clinically feasible. Per the clinical documentation submitted for review, the patient was noted to be 4 months post-right wrist arthroscopic debridement of the triangular fibrocartilage complex. The patient continued to complain of pain, yet reported they were doing better and that therapy had been helpful. There was no clinical rationale provided in the submitted documentation for requesting a second opinion of the patient's condition. Clinical note dated 09/04/2013 noted the patient was to continue with symptomatic treatment with home exercises, NSAIDs, and activity modification. There was no documentation submitted noting the outcome of these conservative treatments for the patient. The patient's condition was noted to have shown improvement with their current provider's treatment. The request for a referral to a hand specialist for second opinion is not medically necessary and appropriate.