

Case Number:	CM14-0101790		
Date Assigned:	10/07/2014	Date of Injury:	04/01/2008
Decision Date:	11/04/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/01/2014

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. The expert reviewer is Board Certified in Physical Rehabilitation & Pain Management 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 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/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 61 year old male with an injury date of 04/01/08. Per the 05/01/14 report by ■■■■■, the patient presents with persistent pain along the volar aspect of the right wrist joint rated 4/10. On 04/01/14 the patient presented with pain in the left fourth finger rated 2/10. Examination of the right wrist on 05/01/14 reveals positive Tinel's sign on the right and slightly decreased grip strength in the right hand. No examination was made of the left hand. The patient's diagnoses include: Carpal tunnel syndrome Joint pain hand No medications are listed. The utilization review being challenged is dated 06/09/14. The rationale is that the absence of interval history, objective signs of physical impairment and lack of documentation for hand surgery evaluation 6 years after the injury date cannot establish medical necessity. Reports were provided from 01/08/14 to 05/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation by Hand Surgeon: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition, Chapter 7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127 Evaluation by a Hand Surgeon

Decision rationale: The patient presents with persistent pain of the right wrist joint rated 4/10 and pain in the left fourth finger rated 2/10. The treating physician requests for an Evaluation by a Hand Surgeon. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127 state, "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. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification." In this case, the treating physician does not discuss the request in the reports provided. Pain assessment shows pain in the left hand decreased from 6/10 on 01/08/14 to 2/10 on 04/01/14. On 04/01/14 the treating physician states the patient reports mild changes with pain in the left fourth finger following a corticosteroid injection on 03/02/14 and no change in the right wrist following a 02/28/14 injection in the right carpal tunnel. The patient has been experiencing pain in the left hand at least from 01/08/14 to 04/01/14. Reports prior to 01/08/14 were not provided Treatment provided a 4 point decrease in pain. The treating physician, Board Certified and Fellowship trained in Pain Medicine, requests for the expertise of a hand specialist. The request appears reasonable in order to provide this patient the opportunity relieve a painful condition. The request is medically necessary.