

<b>Case Number:</b>	CM14-0105782		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/03/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Orthopedic 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 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 injured worker is a 49-year-old male who reported an injury on 04/03/2013. The mechanism of injury was not stated. The current diagnosis is degenerative joint disease in the right wrist. The injured worker was evaluated on 12/09/2013. Physical examination of the right wrist revealed loss of motion, stiffness, and poor grip strength. Treatment recommendations included a consultation for the right wrist, continuation of the current medication regimen, and continuation of wrist bracing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurologist consult regarding the right wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OMPG (Second Edition, 2004) Chapter 7 Independent Medical Examinations and Consultations Page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment

plan. As per the documentation submitted, there was no evidence of a significant neurological deficit upon physical examination. Previous conservative treatment was not mentioned. The medical necessity for the requested consultation has not been established. As such, the request is not medically necessary.