

Case Number:	CM14-0018689		
Date Assigned:	04/18/2014	Date of Injury:	01/17/2012
Decision Date:	07/02/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/13/2014

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 and 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 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 57 year old female who reported an injury on 01/17/2012 secondary to a fall. An MRI of the left wrist performed on 01/18/2012 revealed a complex distal radius intraarticular fracture, scapholunate ligament disruption and left triangular fibrocartilage complex radial and ulnar insertion disruption. The injured worker underwent open reduction and fixation of the left wrist on 01/28/2012. She was treated with 16 visits of post-operative physical therapy. The injured worker was evaluated on 12/05/2013 and reported worsening left wrist pain of unknown severity. On physical exam, she was noted to have tenderness along the left wrist with diminished active range of motion and grip strength, though specific values were not noted. She was not taking any medications at that time per the clinical note. The injured worker has been recommended for a second hand surgeon opinion for the left hand/wrist. The documentation submitted for review failed to provide a request for authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

2ND HAND SURGEON OPINION FOR THE LEFT HAND/WRIST: 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 California ACOEM Guidelines, Chapter 7, Independent Examination Section, page 163.

Decision rationale: The request for a second hand surgeon opinion for the left hand/wrist is non-certified. California MTUS/ACOEM Guidelines recommend a referral to a specialist if the course of care may benefit from additional expertise. Guidelines also state that a referral request should specify concerns to be addressed by a consultant to include diagnosis, temporary or permanent impairment, clinical management, and treatment options. The injured worker underwent an open reduction and fixation of the left wrist on 01/28/2012 and completed post-operative physical therapy thereafter. According to the most recent documented evaluation performed on 12/05/2013, the injured worker reported worsening left wrist pain. At the time of evaluation, she was not taking any medications and had not attended physical therapy since May of 2012. The request for a hand surgeon consult indicates that surgery has been considered by the primary physician as a treatment option. However, there is lack of documented evidence indicating recent failure of conservative care. Therefore, the injured worker would not be a candidate for surgery. Furthermore, there are no exceptional factors to indicate that the injured worker would not benefit from conservative care. As such, the request for a second hand surgeon opinion for the left hand/wrist is not medically necessary.