

Case Number:	CM14-0019444		
Date Assigned:	04/23/2014	Date of Injury:	07/03/2013
Decision Date:	12/31/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/15/2014

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 Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of 7/3/13. A utilization review determination dated 1/14/14 recommends non-certification of referral to hand specialist. 1/22/14 medical report identifies left wrist pain. Splint decreases his pain. He underwent a QME evaluation since his last visit and did undergo imaging studies, but the reports were not available for review. Pain is slightly improved in the wrist. On exam, there is tenderness particularly in the scaphoid region, limited ROM. X-rays from 11/22/13 revealed a healing distal radius fracture and a scaphoid cyst with mild degenerative joint disease. Recommendations include a hand specialty evaluation to assess the patient for complex injury to the left wrist joint including scapholunate ligament injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Hand Specialist for the left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter 7, page 127

Decision rationale: Regarding the request for referral to hand specialist, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, the patient has ongoing pain in the wrist despite conservative treatment. There is tenderness particularly in the scaphoid region, limited ROM, and x-rays revealed a healing distal radius fracture and a scaphoid cyst with mild degenerative joint disease. It appears that additional evaluation of the wrist is beyond the provider's scope of practice and a consultation with a specialist appears appropriate. In light of the above, the currently requested referral to hand specialist is medically necessary.