

Case Number:	CM14-0126658		
Date Assigned:	08/13/2014	Date of Injury:	02/23/2001
Decision Date:	10/01/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/11/2014

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 Emergency Medicine 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 50 year old male with a reported date of injury on 02/23/2001. The mechanism of injury was a fall from a truck. The injured worker's diagnoses included cervical myoligamentous sprain/strain, cervical disc disease with 3 mm bulge at C3-C4 and C4-C5, lumbar myoligamentous sprain/strain, and status post arthroscopy of the right knee with subluxation of the anterior horn or the medial meniscus. The injured worker's previous treatments included medication, physical therapy, a home exercise program, a cervical epidural steroid injection, and acupuncture. The injured worker's diagnostic testing included an MR arthrogram of the left shoulder dated 04/28/2014. No pertinent surgical information was provided. The documentation did not provide any subjective or objective information regarding the hand or thumb. The injured worker's prescribed medications included Cymbalta 30 mg once daily to increase to 60 mg once daily after one week, Relafen 500 mg twice per day as needed, and the topical medications Fluriflex and TGIce. He was not taking any medications at the time of the last provided documentation on 06/27/2014. The request was for an office consultation; referral to a hand surgeon for the right thumb as outpatient. The diagnoses listed on the request form were cervical myoligamentous sprain/strain, cervical disc disease with 3 mm bulge at C3-C4 and C4-C5, lumbar myoligamentous sprain/strain, and status post arthroscopy of the right knee with subluxation of the anterior horn or the medial meniscus. No rationale regarding the hand was listed. The request for authorization form was submitted on 06/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office consultation; referral to hand surgeon for the right thumb as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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, & Hand, Office Visits

Decision rationale: The request for an office consultation; referral to a hand surgeon for the right thumb as outpatient is not medically necessary. The provided documentation did not provide any subjective or objective information regarding the right thumb or hand. The Official Disabilities Guidelines recommend office visits as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. The provided documentation did not indicate the injured worker reported any hand or thumb complaints. Within the provided documentation there is no indication that the injured worker has significant objective functional deficits and significant positive provocative testing. The injured worker was not taking any medications at the time of the visit. Therapy was mentioned in the documentation; however, the type of therapy or the body part treated at therapy was not specified. Therefore, the request for an office consultation; referral to a hand surgeon for the right thumb as outpatient is not medically necessary.