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| Case Number: | CM14-0154567 | | |
| Date Assigned: | 09/24/2014 | Date of Injury: | 04/25/2014 |
| Decision Date: | 10/28/2014 | UR Denial Date: | 09/05/2014 |
| Priority: | Standard | Application Received: | 09/22/2014 |

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 & Rehabilitation 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 injured worker is a 57-year-old male who reported an injury on 04/25/2014, after he misstepped. The injured worker reportedly sustained an injury to his right knee. The injured worker was evaluated on 08/19/2014. It was documented that the injured worker had a strain of the anterior cruciate ligament. The injured worker's treatment plan included Orthovisc injections and referral to a specialist. The injured worker was again evaluated on 09/11/2014. It was documented that the injured worker had persistent right knee pain complaints. The injured worker's diagnoses included right knee surgery and left knee surgery. A request was made for a hand specialist consult and unspecified treatment, as the patient has a torn ligament at wrist, ganglion cyst at right wrist, [REDACTED]. No justification for the request was provided; and no Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

HAND SPECIALIST CONSULT AND UNSPECIFIED TREATMENT PT HAS TORN LIGAMENT @ WRIST, GANGLION CYST R WRIST: [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2004 PAGE127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The requested hand specialist consult is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends referral to a hand surgeon for patients who have red flag conditions, and failed to respond to conservative management, and have clear clinical and special study evidence of a lesion that would benefit from surgical intervention. The clinical documentation submitted for review does not provide any evaluation of the injured worker's hand to support the need for a hand surgeon consultation. There is no documentation of red flag conditions or any type of conservative management directed towards the right hand. As such, the requested hand specialist consult is not medically necessary or appropriate.