

Case Number:	CM14-0158506		
Date Assigned:	10/02/2014	Date of Injury:	09/19/2011
Decision Date:	11/06/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/26/2014

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 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 underlying date of injury in this case is 09/19/2011. The date of the initial utilization review under appeal is 08/28/2014. On 08/14/2014, the patient was seen in hand surgery followup. The patient complained of intermittent right wrist pain at 6-8/10. The patient reported that sudden repetitive movement increased the pain. The patient reported persistent weakness in the right arm with numbness and weakness in the right 2nd through 5th digits. On exam, the patient had tenderness to ulnar deviation of the wrist with no sign of infection from prior hand surgery on 02/27/2013. The patient had positive Tinel's over the right Guyon canal. Overall the impression by the hand surgeon was that the patient was status post a right triangular fibrocartilage repair of 02/27/2013 as well as a right wrist sprain/strain, right dorsal ganglion cyst, and mild right lateral epicondylitis. The recommendation was for the patient to continue home exercises and to use wrist braces every other night. A permanent and stationary status was referred to the primary treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with Orthopedic Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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), Chapter 7 Consult, page(s) 127

Decision rationale: ACOEM Guidelines, Chapter 7 Consult, page 127, recommends that the treating physician may refer for consultation if the condition is complex or there are specific questions to be answered by a consulting physician. The medical record at this time does not clearly provide a rationale as to why the patient would need an orthopedic surgery consultation in addition to the patient's prior hand surgeon evaluation. Overall, the records and guidelines and do not support a rationale for this request. This request is not medically necessary.