

Case Number:	CM14-0167950		
Date Assigned:	10/15/2014	Date of Injury:	01/23/2014
Decision Date:	12/26/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/13/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 37 year old female who was injured on 1/23/2014 as she smashed his hand between a garbage bin and a wall. X-rays were negative for a fracture. She was diagnosed with crush injury to her third, fourth, and fifth fingers of the right hand. She was treated with physical therapy, pain medications, acupuncture, and TENS unit, all of which helped somewhat, but she continued to experience pain and reduced function in her right hand. She later began to develop symptoms of carpal and cubital tunnel syndrome involving numbness and tingling into the non-injured fingers, which was, in the opinion of her hand surgeon (primary treating physician), not related to her crush injury. She did not return to work until 8/2014 when she was placed on modified duty. On 9/17/14, the worker's pain specialist saw the worker for a follow-up, when she again complained of her right hand pain, rated at 5/10 on the pain scale with radiation to neck, right shoulder, right arm, and right forearm and associated with numbness and tingling and reported that the medications she was prescribed were not helping. She was instructed to stay at modified duty, continue her acupuncture and physical therapy, and later a request by her pain specialist was made for a second hand specialist opinion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second opinion orthopedic consult for the right hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation Hand Chapter Office Visits

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), p. 127

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted 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 in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In the case of this worker, the evidence seems clear that the subjective complaints by the worker seem to be out of proportion to the injury inflicted, involving her third, fourth, and fifth fingers on her right hand only and not injuring her other fingers or arm, which now bother her. Her new symptoms occurred months after her injury. In the opinion of the reviewer, the assessment and treatment provided by the worker's hand specialist is sufficient and accurate, and another opinion doesn't seem to be necessary. There was no indication for the worker to receive any surgery or procedure which might have required another specialist to get involved in her case. Also, there was no reasoning provided by the requesting physician which might have allowed the reviewer to make it more of a consideration. Therefore, the second opinion orthopedic consult is not medically necessary.