

Case Number:	CM14-0094863		
Date Assigned:	07/25/2014	Date of Injury:	11/15/2012
Decision Date:	11/13/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/23/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 53-year-old female with date of injury of 11/15/2012. A review of the medical records indicates that the patient is undergoing treatment for bilateral hand synovitis, bilateral wrist paresthesias, and chronic cervical strain with radiculopathy. Subjective complaints include continuing cervical spine and left shoulder pain rated at 5/10 and bilateral hand a wrist pain rated at 7/10. Objective findings include limited range of motion with cervical spine and positive Spurling's and compression test; bilateral tenderness over carpal tunnels; limited flexion and extension of wrists; decreased sensation in median nerve distribution; swelling and limited range of motion of the DIP and PIP joints in the right hand; X-ray showed degenerative changes of the 4th proximal interphalangeal joint of the right hand. Treatment has included Norco, Trazadone, and Fluvoxamine. The utilization review dated 6/12/2014 partially-medically necessary rheumatology and hand surgeon consults.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation and Treatment with A Hand Surgeon, regarding The Fourth Digit of the Right Hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7

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), Chapter 7, page(s) 127

Decision rationale: The ACOEM Guidelines indicate that a referral for consultation is utilized to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or the examinee's fitness for a return to work. A review of the medical records indicates that the patient is undergoing treatment for bilateral hand synovitis and bilateral wrist parasthesias, among other things. There are no further questions discussed in the medical records about potential diagnoses or treatment modalities, which would require the specific expertise of a hand surgeon. There is no documentation as to how a hand surgeon would help with the diagnosis, prognosis, management, or stability of this patient. Therefore, the request for a Hand Surgeon Consult is not medically necessary.

Rheumatology Follow-Up Visit, regarding the Right Hand: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7

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), Chapter 7, page(s) 127

Decision rationale: The ACOEM Guidelines indicate that a referral for consultation is utilized to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or the examinee's fitness for a return to work. A review of the medical records indicates that the patient is undergoing treatment for bilateral hand synovitis and bilateral wrist parasthesias, among other things. The employee had an initial rheumatology consult in 2/19/2014, which showed degenerative changes to her right hand DIP and PIP joints. Since the rheumatologist is actively diagnosing and treating her hand, the request for a Follow Up with the Rheumatologist is medically necessary.

Consultation and Treatment with a Rheumatologist, regarding the Right Hand: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7

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), Chapter 7, page(s) 127

Decision rationale: The ACOEM Guidelines indicate that a referral for consultation is utilized to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or the examinee's fitness for a return to work. A review of the medical records indicates that the patient is undergoing treatment for bilateral hand synovitis and bilateral wrist parasthesias, among other things. The employee had an initial rheumatology

consult in 2/19/2014, which showed degenerative changes to her right hand DIP and PIP joints. Since the rheumatologist is actively diagnosing and treating her hand, the request for Consultation and Treatment with the Rheumatologist is medically necessary.