

Case Number:	CM14-0186288		
Date Assigned:	11/14/2014	Date of Injury:	05/27/2011
Decision Date:	01/02/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/10/2014

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:

This is a 51-year-old female with a date of injury of 5/27/11. Mechanism of injury is not disclosed, but the patient was made permanent and stationary on 4/24/13 for diagnoses of right CTS s/p right CTR, right lateral epicondylitis and early Dupuytren's disease of the right hand. She developed Dupuytren's after the CTR surgery. Future medical provision includes orthopedic follow-up, cortisone injection, PT, possible lateral epicondylectomy and possible palmar fasciectomy for the Dupuytren's. Since P & S, the patient has also had right shoulder surgery on 7/10/14 for adhesive capsulitis. Unfortunately, the Dupuytren's contracture has worsened over time. She is an RN, and has been able to continue full duty. She did research on other non-surgical treatments for Dupuytren's and presented radiation therapy to her PTP, who referred her for a consultation. This was submitted to Utilization Review with an adverse decision rendered on 10/06/14. Though the UR consultant recognized that there is literature that suggests that radiotherapy may be beneficial in the early stages of this condition to prevent disease progression and improve symptoms, he denied the request, stating that the condition developed in 2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a radiation oncologist.: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for

Workers Compensation, Forearm, Wrist and Hand Chapter, Procedure Summary (updated 08/08/2014), 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) Chapter 7, page(s) 503-512

Decision rationale: Guidelines do clearly support consultation and treatment by specialists when further medical care required is beyond the scope of medical knowledge of the PTP. In this case, the patient developed a Dupuytren's contracture following a carpal tunnel release surgery. The patient was made P & S, and since then the condition has gotten worse. The patient does have future medical provision for the condition for surgery. The patient is an RN and did research, finding that radiation therapy may be of benefit. Her PTP referred her for a consultation, but was denied. The rationale for denial was that, though literature suggests that this treatment may be beneficial for patients with early Dupuytren's contracture, the patient's condition was "chronic" because it began in 2011. I would disagree with this assumption, as the patient does not have significantly debilitating contracture and is able to work full time as an RN still. A consultation with an expert in this field would be beneficial to see if this patient is a candidate for this treatment that may improve her condition and help her avoid surgery. Medical necessity of a radiation oncology consultation is established. Therefore the request is medically necessary.