

<b>Case Number:</b>	CM14-0188381		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	04/12/2014
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 orthopedic surgery and is licensed to practice in New York. 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 patient has a date of injury of April 12, 2014. The patient had wrist trauma. She is diagnosed with wrist pain, shoulder pain and ankle pain. The patient had surgical fixation of her right distal radius fracture. The patient continues to complain of pain in the shoulder elbow wrist and ankle. The patient has acupuncture with minimal least. On physical examination is decreased range of motion of the right shoulder and tenderness palpation of the a.c. joint. There is limitation of right arm motion because of pain. There is decreased range of wrist motion. Phalen's and Tinel's test is positive. There is decreased range of ankle motion. X-rays of the wrist reveal internal fixation with reduction of the fracture. At issue is whether follow-up with specialist is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-Up with Hand Specialist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder elbow and hand chapter

**Decision rationale:** The patient has had surgery in the right wrist. X-rays reveal no problem with instrumentation in the wrist. The patient is undergoing conservative measures for treatment of chronic pain at this time. There is no documentation of significant change in symptoms that would warrant referral to a hand specialist at this time. Medical records do not document the need for referral to a hand specialist. The request is not medically necessary.

**Follow-Up with Podiatrist:** 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), Evaluation and management (E and M)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle

**Decision rationale:** The medical records document that the patient has ankle pain. The medical records do not document that the patient had adequate trial and failure conservative measures for ankle pain. More conservative measures are necessary. Referral to podiatrist is not medically necessary.