

<b>Case Number:</b>	CM14-0193860		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	09/04/2013
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 Occupational Medicine 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 56-year-old female with a 9/4/13 date of injury, when she was thrown to the ground. The patient underwent a fracture of 4th metacarpal bone and was utilizing a cast. The patient was seen for a hand surgery recheck visit on 9/3/14 and was advised to perform range of motion exercises for her right hand. The patient was seen on 11/21/13 with complaints of 8/10 right upper extremity pain and joint stiffness and swelling in the right hand. Exam findings revealed normal motor strength in the right hand except for right hand grip strength graded 4-/5. The right hand was darker than the left and there was atrophy in the right thenar eminence. The diagnosis is status post right hand fracture, carpal tunnel syndrome, ankle joint pain, complex regional pain syndrome, and psychophysiological disorder. Treatment to date: cast, work restrictions, PT, massage, Dynasplint, psychological treatment, and medications. An adverse determination was received on 11/4/14 given that there were no clear indications for a surgery and that PT practitioner could aid in formulating a treatment plan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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) Clinical Topics: Chapter 6- Independent Medical Examinations and Consultations, (pp 127, 156) Official Disability Guidelines (ODG) (Pain Chapter) Office Visits

**Decision rationale:** CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists 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 addition, ODG states that Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The patient sustained a fracture to the right hand over a year ago. It was noted that the fracture was casted and the patient was treated with work restrictions, PT, and medications. The patient was diagnosed with carpal tunnel syndrome and was attending a hand surgery visits. However, there is a lack of documentation of the patient's imaging studies, including plain radiographs and MRI of the right hand. In addition, it is not clear if the patient was considered a surgical candidate. Additionally, the progress notes indicated that the patient saw a hand surgeon on 4/2/14; however the progress report from this consultation was not available for the review. Therefore, the request for an orthopedic consult Is not medically necessary.