

Case Number:	CM14-0067567		
Date Assigned:	07/11/2014	Date of Injury:	06/28/2013
Decision Date:	01/22/2015	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/12/2014

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 Internal Medicine 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 claimant is a 29 year old female who sustained an industrial injury on 06/28/2013. The mechanism of injury occurred when hot oil splashed up on her hand and she reported experiencing a burn. She subsequently developed pain in her right wrist and hand. Her diagnoses include sprain of the right elbow and forearm, tenosynovitis of the right hand and wrist. She was evaluated by orthopedics but continues to complain of right elbow, hand and wrist pain. She reports difficulty with dressing, bathing, and activities involving personal hygiene. On physical exam wrist and elbow range of motion was normal and evaluation for instability of the wrist was negative. Treatment has included medications, wrist brace, and acupuncture. The treating provider has requested Orthopedic follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Follow up: Upheld

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

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

Decision rationale: Per the reviewed guidelines referral to a specialist is indicated if a diagnosis is uncertain or extremely complex, or when the plan or course of care may benefit from additional expertise. The documentation indicates that claimant has already been evaluated by an orthopedic hand specialist. There is no copy of the report indicating the claimant's diagnosis and prognosis. On exam the claimant's range of motion was normal and there is a lack of documented evidence of functional impairment. Medical necessity for the requested item has not been established. The requested item is not medically necessary.