

Case Number:	CM15-0006392		
Date Assigned:	01/21/2015	Date of Injury:	02/18/2013
Decision Date:	03/31/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 50-year-old female reported an injury involving the left hand on 2/18/2013. According to the progress notes from the treating provider dated 12/26/2014, the diagnosis is left hand and long finger pain. She reports left hand and long finger pain, coldness and numbness; she states the finger turns colors daily, such as blue or purple. Previous treatments include medications, epidural steroid injections and knee injections. The treating provider requests a second opinion with a hand surgeon within the medical provider network (MPN). The Utilization Review on 1/9/2015 non-certified a second opinion with a hand surgeon within the medical provider network (MPN), citing MTUS/ACOEM practice guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

A second opinion with a hand surgeon within MPN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): tables 11-1 and 11-7. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines consultation Chronic pain programs, early intervention, Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. There is no clear documentation that the patient needs another hand specialist opinion as per MTUS criteria. There is no clear documentation that the patient had delayed recovery and a response to medications that falls outside the established norm. The provider did not document the reasons, the specific goals and end point for using the expertise of a hand specialist in addition to the previous hand specialists opinions. Therefore, the request for internal medicine evaluation is not medically necessary