

Case Number:	CM15-0008592		
Date Assigned:	01/27/2015	Date of Injury:	09/24/2009
Decision Date:	03/26/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/15/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports 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:

The injured worker is a 39-year-old male who reported an injury on 09/24/2009 due to driving a tractor. The injured worker ultimately underwent open reduction internal fixation of the left distal ulnar shaft fracture in 11/2009 followed by left wrist arthroscopy and hardware removal. The injured worker's postsurgical treatment history included medications, activity modification, and bracing. The injured worker was evaluated on 12/29/2014. It was documented that the injured worker had tenderness to palpation to the left CMC joint with a positive grind test. The injured worker's diagnoses included left hand pain and left wrist CMC joint arthrosis. The injured worker's treatment plan included a transfer of care to pain management as treatment of the injured worker's chronic pain was out of the scope of the orthopedic surgical practice. It was also noted that the injured worker wished to pursue arthroscopy of the left CMC joint. A Request for Authorization form was submitted on 01/12/2015 to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transfer of Care for Medical Pain Management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations. pg 127.

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) 7, page(s) 127.

Decision rationale: Transfer of care for medical pain management is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends specialty consultations for injured workers who require additional expertise and who have exhausted all courses of treatment from the primary treating physician. The clinical documentation submitted for review does not provide indications that the injured worker has exhausted all lower levels of treatment within the scope of practice of the orthopedic surgeon. As such, the requested transfer of care for medical pain management is not medically necessary or appropriate.

Left Thumb Arthroscopy CMC Joint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Arthroscopy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: The requested left thumb arthroscopy CMC joint is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this request. The American College of Occupational and Environmental Medicine recommend surgical intervention for the forearm, wrist, and hand for patients who have signs and symptoms identified on physical presentation that are consistent with pathology identified on an imaging study. The clinical documentation submitted for review did not provide any diagnostic imaging or testing to support the diagnosis of left thumb osteoarthritis. Furthermore, the clinical documentation does indicate that the injured worker does have significant left thumb pain. However, objective clinical findings to support that the injured worker has severe osteoarthritis were not provided. As such, the requested left thumb arthroscopy CMC joint is not medically necessary or appropriate.