

Case Number:	CM15-0106380		
Date Assigned:	06/10/2015	Date of Injury:	02/14/2012
Decision Date:	07/14/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/02/2015

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: Preventive Medicine, Occupational 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 41 year old female, who sustained an industrial/work injury on 2/14/12. She reported initial complaints of bilateral hand pain. The injured worker was diagnosed as having unspecified site of sprain strain, recurrent right long and ring finger flexor tenosynovitis, incipient trigger digits, left long and left ring finger tenosynovitis, along with adjustment disorder with anxiety, insomnia, and depression. Treatment to date has included medication, psychiatric consultation, surgery (carpal tunnel release/surgery). Currently, the injured worker complains of pains in both hands and tender cyst on the right ring finger. Per the primary physician's progress report (PR-2) on 5/11/15, current plan of care included cyst removal and trigger finger release, and bilateral hands. The requested treatments include Internal Medicine consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal medicine consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, the last documented medical visit revealed pain in bilateral wrist, forearm, and elbow. There is no documentation of the general health of the injured worker. The treating physician provides no rationale for the request for an internal medicine consult. The request for Internal medicine consultation is not medically necessary.