

Case Number:	CM15-0144646		
Date Assigned:	08/05/2015	Date of Injury:	05/12/2015
Decision Date:	09/02/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/27/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 38-year-old male, who sustained an industrial injury on 5-12-2015. He reported his right hand and wrist twisted from use of power tools subsequently diagnosed with a displaced unstable right fourth metacarpal shaft fracture and undergoing an open reduction and internal fixation (ORIF) on 6-4-15. Diagnoses include right hand fracture, status post ORIF. Treatments to date include Ultram and post-operative physical therapy. Currently, he complained of pain rated 5 out of 10 VAS at best and 7 out of 10 VAS at worst with increased pain with use. On 7-14-15, the physical examination documented intact sensation to right thumb, index, ring and small fingers. The plan of care included a request for a follow-up office visit regarding the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up office visit regarding right hand: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm Wrist & Hand Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) medical reevaluation.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG, states follow up medical visits are based on medical necessity and the patient's progress, symptoms and ongoing complaints. In this case, the need for follow up is established in the provided medical records based on these criteria and the request is medically necessary.