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| Case Number: | CM15-0162947 | | |
| Date Assigned: | 08/31/2015 | Date of Injury: | 12/05/2012 |
| Decision Date: | 09/30/2015 | UR Denial Date: | 08/05/2015 |
| Priority: | Standard | Application Received: | 08/19/2015 |

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:

This 38 year old man sustained an industrial injury on 12-5-2012. The mechanism of injury is not detailed. Diagnoses include lateral epicondylitis of the right elbow, rule out cubital and-or carpal tunnel syndrome of the right hand, and history of De Quervain's syndrome. Treatment has included oral medications and injection therapy. Physician notes dated 7-2-2015 show complaints of right elbow and wrist aching. Recommendations include occupational therapy, wrist bracing, and second opinion regarding the right hand and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Second Opinion with specialist for the right hand and right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: Per MTUS guidelines, referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature, fail to respond to conservative

management, including worksite modifications, have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and, especially, expectations is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. In this case, there is no evidence of failure with or exhaustion of all conservative measures of treatment. Specifically, the injured worker has received pain relief from recent injection. The request for 1 second opinion with specialist for the right hand and right wrist is determined to not be medically necessary.