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| Case Number: | CM15-0169240 | | |
| Date Assigned: | 09/09/2015 | Date of Injury: | 06/07/2005 |
| Decision Date: | 10/07/2015 | UR Denial Date: | 08/20/2015 |
| Priority: | Standard | Application Received: | 08/27/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year old female who sustained an industrial injury June 7, 2005. Past history included status post sesamoidectomy right thumb 2013 and status post right and left carpal tunnel release 2008. Diagnoses are carpal tunnel syndrome; pain in joint, shoulder. According to a primary treating physician's report, dated August 4, 2015, the injured worker presented for a follow-up with complaints of right thumb pain. The pain is located in the lateral thumb along the metacarpal and is tender at the joint. The pain radiates down to the radial wrist and pain is present with abduction and adduction. She reports difficulty with hand grip, pinching actions using the thumb and when taking the cap off of the toothpaste. There is numbness in the right lateral thumb to the radial wrist and in the middle, ring and pinky fingers of the right hand. Objective findings: right handed; tenderness to palpation at MCP (metacarpophalangeal) joint of the right thumb and radial aspect of right wrist; hand grip 4 out of 5 on the right and 5 out of 5 on the left. Treatment plan included medication, an MRI of the right thumb (certified), and at issue, a request for authorization for re-evaluation and treatment by treating physician for right thumb. According to utilization review, performed August 20, 2015, the request for an MRI of the right thumb is authorized and the request for physician re-evaluation and treatment is modified to physician re-evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-evaluation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 270-271.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work injury in June 2005 and underwent right thumb surgery in 2013. She continues to be treated for right hand pain with numbness and weakness. When seen, physical examination findings included moderate obesity. There was decreased right upper extremity strength and right first MCP and radial wrist tenderness. Authorization for an MRI of the right thumb and for a reevaluation and treatment with the claimant's surgeon were requested. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has ongoing thumb pain after surgery and a re-evaluation by her surgeon is medically necessary. However, without the results of that evaluation, authorization for subsequent treatments cannot be approved and the requesting provider is continuing as the PTP. Therefore, the request that was submitted is not considered medically necessary.