MAXIMUS Federal Services

Case Number:	CM15-0182560		
Date Assigned:	09/23/2015	Date of Injury:	03/17/2014
Decision Date:	10/28/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/16/2015

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: Texas, Florida, 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 38 year old female who sustained an industrial injury on 03-17-2014. The injured worker was diagnosed with right shoulder pain and rotator cuff overload, hand sprain and strain and wrist and elbow tendinitis and bursitis. According to the treating physician's progress report on August 13, 2015, the injured worker continues to experience right shoulder, elbow and refer out to right wrist pain rated as 4-6 out of 10 on the pain scale. The injured worker reported no strength in the right arm and difficulty opening objects. Examination demonstrated a normal cervical spine with full range of motion. The examination of the right shoulder revealed scapulothoracic motion with mild scapular protraction and tenderness of the anterior-superior cuff long head biceps. Forward elevation was documented at 150 degrees, abduction external rotation at 90 degrees and abduction internal rotation at 60 degrees. Supraspinatus resistance test and external rotation at the side was 4 plus out of 5. Impingement test one and two were negative and type three was positive. Belly press and speed tests were negative. Motor and sensory were intact with negative tension signs. Deep tendon reflexes were not tested. There were no objective findings of the right wrist or hand on August 13, 2015. Prior treatments included diagnostic testing with right wrist magnetic resonance imaging (MRI) dated March 30, 2015 which according to a progress report dated April 6, 2015 showed degenerative change at the base of the carpal lunate and irregularity in the scapholunate which was read a partial tear. There was extensive carpi radialis tenosynovitis present as well. The injured worker has had prior physical therapy visits as part of the treatment plan. Medications were not discussed. On 08-18-2015 the provider requested authorization for a referral to a hand and wrist

specialist. On 09-10-2015 the Utilization Review determined the request for hand specialist consultation was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand specialist consult: Upheld

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

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) Chapter 7, page 127.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127. Key case observations are as follows. The claimant was injured in 2014 with right shoulder pain and rotator cuff overload, hand sprain and strain and wrist and elbow tendinitis and bursitis. As of August, there was right shoulder, elbow and right wrist pain rated as 4-6 out of 10 on the pain scale. The injured worker reported no strength in the right arm and difficulty opening objects. Examination demonstrated a normal cervical spine with full range of motion. The examination of the right shoulder revealed scapulothoracic motion with mild scapular protraction and tenderness of the anterior-superior cuff long head biceps. Forward elevation was documented at 150 degrees, abduction external rotation at 90 degrees and abduction internal rotation at 60 degrees. Supraspinatus resistance test and external rotation at the side was 4 plus out of 5. Impingement test one and two were negative and type three was positive. Belly press and speed tests were negative. Motor and sensory were intact with negative tension signs. Deep tendon reflexes were not tested. There were no objective findings of the right wrist or hand on August 13, 2015. ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. The exam is largely normal and it is not clear what a hand specialist would therefore do. This request for the consult also fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. At present, the request is not medically necessary.