

<b>Case Number:</b>	CM15-0198931		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	12/10/2010
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Florida

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 43 year old male who sustained an industrial injury on 12-10-2010. A review of medical records indicates the injured worker is being treated for cervical spine strain, thoracic spine strain, lumbar spine disc bulge, left elbow lateral humeral epicondyle, failed right knee surgery, left knee surgery, right foot strain, and left foot strain. Medical records dated 9-2-2015 noted right hand pain and low back pain that radiates to the left leg. Physical examination noted painful range of motion to the lumbar spine and right and left knee. Treatment has included Norco since at least 3-12-2015 and Gabapentin. Utilization review form dated 9-15-2015 noncertified consultation with a hand specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with a hand specialist - left elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** An independent medical review of the medical necessity of a hand surgery consult is being requested. In this patient's case, he is having hand pain with numbness and tingling while using his cane. There is no documentation of a physical exam of the hand or elbow. There is no documentation of failed conservative measures. No red flags are documented. MTUS guidelines state that referral to a hand surgeon may be necessary in those who have red flags presents, have failed conservative measures, or have clinical or special study evidence of a lesion that would benefit from surgical intervention. This patient's case, without further documentation, fails to satisfy MTUS guidelines for a hand surgery consultation. The request is not medically necessary.