

Case Number:	CM15-0202306		
Date Assigned:	10/19/2015	Date of Injury:	07/20/2015
Decision Date:	12/02/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/14/2015

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, California 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 24 year old male, who sustained an industrial injury on 07-20-2015. A review of the medical records indicates that the worker is undergoing treatment for fractures of the right ring and little finger metacarpals. Treatment has included pain medication, arm sling, ACE bandage, application of heat and ice, wrist-thumb spica and surgery. Subjective complaints (07-20-2015) included right hand pain. Objective findings (07-20-2015) included moderate swelling of the dorsal aspect of the right hand. X-ray of the right hand showed fracture of the 4th and 5th metacarpals. A hand surgery evaluation note on 07-23-2015 indicated that the worker reported continued right hand pain. Objective findings showed splinted right hand. No other abnormal findings were documented. The physician noted that the worker needed to be taken to surgery for closed versus open reduction and possible fixation. An orthopedic consultation note dated 08-24-2015 showed that the worker reported continued right hand pain. Splint was removed from the right upper extremity and minimal tenderness of the right ring and little finger metacarpals was documented as well as a small, palpable bump at the right ring finger metacarpal with some stiffness of the right hand. Roentgenologic examination of the right hand was noted to demonstrate fractures at the middle thirds of the ring and little finger metacarpals. The physician's impression was that fractures were healing. On 09-21-2015, the worker reported numbness. Objective finding revealed no particular tenderness to palpation of the metacarpals of the right ring and little fingers. The physician noted that given the pathology, the worker's subjective complaints were significantly greater than would be anticipated and the worker asked the physician to request a neurology consultation. The physician indicated that he would not

have requested this on his own initiative. A utilization review dated 10-05-2015 non-certified a request for neurology consultation. Physician requested the service on the pt's request. The patient underwent closed reduction and cast fixation of the hand fracture on 7/27/15. The medication list includes Naproxen and Ultracet. Per the note dated 9/21/15 the patient was going to start therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurology consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations.

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, IME and consultations.

Decision rationale: Request: Neurology consultation Per the cited guidelines, "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." On 09-21-2015, the objective finding revealed no particular tenderness to palpation of the metacarpals of the right ring and little fingers. A detailed recent neurological examination documenting significant neurological abnormalities was not specified in the records provided. Significant functional deficits that would require a Neurology consultation was not specified in the records provided. A plan or course of care that may benefit from the Neurology consultation was not specified in the records provided. A detailed rationale for the Neurology consultation was not specified in the records provided. The medical necessity of the request for Neurology consultation is not fully established for this patient.