

Case Number:	CM15-0208532		
Date Assigned:	10/27/2015	Date of Injury:	03/13/2014
Decision Date:	12/09/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/22/2015

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:

The injured worker is a 34 year old female, who sustained an industrial injury on March 13, 2014, incurring bilateral wrist and hand injuries. She was diagnosed with wrist sprains. She also incurred further injuries of the left shoulder, lumbosacral spine, bilateral ankles and cervical spine. Treatment included physical therapy, anti-inflammatory drugs, heat, bracing and modified activities. Currently, the injured worker complained of bilateral wrist pain and hand pain with tingling in the fingers. She noted numbness in the left hand. She was diagnosed with a wrist sprain and ligament tear. The pain was exacerbated by pushing, pulling, gripping, grasping, cold weather and lifting objects. The injured worker was noted to have a positive Tinel's sign, positive Phalen's test and a positive median nerve compression test. The treatment plan that was requested for authorization included a consultation with a hand surgeon. On September 18, 2015, a consultation with a hand surgeon was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Hand Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines -Independent Medical Examinations and Consultations, page 127; Official Disability Guidelines: Low Back; Evaluation & Management (E&M).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s):
General Approach to Initial Assessment and Documentation.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, the injured worker is diagnosed with a wrist strain. There is no stated rationale for referral to a hand surgeon and there is no indication in the available documentation that the injured worker is a surgical candidate. The request for consultation with hand surgeon is determined to not be medically necessary.