

<b>Case Number:</b>	CM15-0020201		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	05/11/1999
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: District of Columbia, Virginia  
 Certification(s)/Specialty: Internal 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:

This 62 year old female sustained an industrial injury on 5/11/99, with subsequent ongoing neck pain. In a PR-2 dated 11/10/14, the injured worker had no radicular or neurologic complaints in the upper extremity. The injured worker reported intermittent numbness in the hands while sleeping and recently a right long trigger finger that had been checked with a hand consultation in the past. Physical exam was remarkable for cervical spine with limited range of motion and a tender nodule on the flexor tendon of the long finger causing slight triggering. Current diagnoses included C5-6 anterior cervical fusion (July 2005), left C7 radiculopathy, left lateral epicondylitis and right long trigger finger. The treatment plan included prescriptions for medications (Tramadol, Norco, Flexeril, Prilosec and Volaren) and a consultation with a hand specialist. On 1/14/15 there was a request for authorization for a right hand consult and an ENT consult noting trigger finger and dysphagia as diagnoses. On 1/21/15, Utilization Review noncertified a request for Ear, Nose, and Throat (ENT) consult and right hand consult, citing ODG Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Hand Consult:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Forearm, Wrist, & Hand Procedure Summary last updated 11/13/2014

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): ch 7 ,pg 127.

**Decision rationale:** Per ACOEM guidelines, consultation is used 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. This patient had hand pain and was found to have physical exam findings. The primary physician thought a hand consultation would be appropriate to aid in diagnosis. This would be medically indicated.

**Ear, Nose, and Throat (ENT) consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 12/31/2014

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): chapter 7,pg 127.

**Decision rationale:** Per ACOEM guidelines, consultation is used 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. From the clinical documentation provided is not clear as to the indication for an ENT consult. It would not be indicated at this time.