MAXIMUS Federal Services

Case Number:	CM15-0020674		
Date Assigned:	02/11/2015	Date of Injury:	05/21/2014
Decision Date:	03/31/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/04/2015

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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 52 year old female, who sustained an industrial injury on 5/21/2014. The diagnoses have included open wound of finger, injury radial nerve. Treatment to date has included occupational therapy and modified duty. Currently, the IW complains of not being able to straighten the finger. Objective findings are handwritten and are illegible. On 1/12/2015, Utilization Review non-certified a request for 2nd opinion hand surgeon noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS and ACOEM were cited. On 2/04/2015, the injured worker submitted an application for IMR for review of 2nd opinion hand surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

2nd Opinion Hand Surgeon Consult-Eval to left hand index finger: 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 Chapter 7, page 127; Independent Medical Examinations and Consultations

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention, page(s) 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. There is no documentation in the patient file for the reason for referral for a hand specialist. There is no documentation that the patient recovery is beyond the normal range. The requesting physician should provide a documentation supporting the medical necessity for the consultation. The documentation should include the reasons, the specific goals and end point for hand surgeon consultation. Therefore, the request for 2nd Opinion Hand Surgeon Consult-Eval to left hand index finger is not medically necessary.