

<b>Case Number:</b>	CM15-0021367		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	11/24/2014
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California, Indiana, New York  
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:

The injured worker is a 41 year old male, who sustained an industrial injury on November 24, 2014. The injured worker has reported left wrist and hand pain. The diagnoses have included a left wrist probable scaphoid lunate dislocation with a medial margin lunate bone fracture/avulsion. Treatment to date has included pain medication, x-rays of the left wrist/hand and a splint. Current documentation dated December 9, 2014 notes that the injured worker complained of a left wrist fracture. Physical examination of the left wrist revealed mild swelling and tenderness to the distal radius carpal joint and flexor capri radialis tendon attachment site. Sensation was intact. Range of motion was decreased. Grip strength was also noted to be decreased. On January 7, 2015 Utilization Review modified a request for a consultation with a hand surgeon for evaluation and treatment recommendations of the left hand, unspecified treatment with a hand surgeon for the left hand and a referral to a hand surgeon for consult and treatment recommendations of the left hand/wrist. The MTUS, ACOEM Guidelines, were cited. On February 4, 2015, the injured worker submitted an application for IMR for review of a consultation with a hand surgeon for evaluation and treatment recommendations of the left hand, unspecified treatment with a hand surgeon for the left hand and a referral to a hand surgeon for consult and treatment recommendations of the left hand/wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with a hand surgeon, left hand:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 112; 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7, page 127-8.  
Decision based on Non-MTUS Citation Pain section, Office visits

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, referral hand surgeon left hand is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the x-rays reveal a possible fracture of the lunate bone with mild widening of the scaphoid lunate joint with possible scapholunate dissociation. Consultation is appropriate if the diagnosis is uncertain or extremely complex. The radiologist report of the x-ray is unremarkable. Referral to a hand surgeon is appropriate for evaluation and treatment recommendations. Consequently, a hand surgeon referral is medically necessary.

**Unspecified treatment with hand surgeon, left hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 112; 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7, page 127-8.  
Decision based on Non-MTUS Citation Pain section, Office visits

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, unspecified treatment with a hand surgeon, left hand is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the x-rays reveal a possible fracture of the lunate bone with mild widening of the scaphoid lunate joint with possible scapholunate dissociation. Consultation is appropriate if the diagnosis is uncertain or extremely complex. Consultation is designed to aid in the diagnosis, prognosis and therapeutic management of the patient. A consultation is appropriate for an initial evaluation and treatment plan. An unspecified treatment is not specific and, as a consequence, is not medically necessary.

