MAXIMUS Federal Services

Case Number:	CM15-0027251		
Date Assigned:	02/17/2015	Date of Injury:	10/04/2012
Decision Date:	03/31/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/12/2015

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: North Carolina, Georgia
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 was a 36 year old male, who sustained an industrial injury, January 7, 2011. The injury was sustained while assembling boxes for cold carrots. A co-worker threw a box striking the injured worker in the left wrist and hand with the corner of the box. The injured worker later developed pain in the left wrist. The injured worker was given pain medication. An approximately a year later had a left third finger trigger release. The surgery relieved the symptoms. The injured worker had an additional injury of the right hand and wrist on October 4, 2012, while assembling carrot baskets. The injured worker was assembling boxes to be stacked on pallets. The repetitive nature of the work caused the injured worker to develop pain in the right wrist and hand. Ion 2012 the injured worker had carpal tunnel release and third trigger finger release surgery. According to progress note of January 2, 2015 the injured workers chief complaint was of bilateral hand and wrist pain. The pain in the right wrist and hand was 8 out of 10; 0 being no pain and 10 being the worse pain. It felt like the right hand was frozen. The injured worker denied pain in the left wrist and hand. When the injured worker had pain in the left side it was in the palm. The injured worker was diagnosed with bilateral wrist pain, right De Quervain's tenosynovitis, anxiety, insomnia, right longer finger locked in flexion due to trigger finger, status post right carpal tunnel release in March of 2014, failed right wrist surgery and bilateral third digit trigger finger release. The injured worker previously received the following treatments X-rays of both hands and wrists were negative, right wrist brace, right carpal tunnel surgery, bilateral third digit trigger finger release, pain medication and anti-inflammatory medication.On January 2, 2015, the primary treating physician requested authorization for a hand

specialist consultation for the bilateral hands/wrists and treatment.On January 28, 2015, the Utilization Review denied authorization for a hand specialist consultation for the bilateral hands/wrists and treatment. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand specialist consultation evaluation and treatment bilateral hands/wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: ACOEM indicates that speciality consultation may be pursued when the diagnosis is uncertain or complex or when the course of care may benefit from additional expertise. In this case, the submitted medical records document the need for consultation with a hand specialist but do not yet document the need for treatment by the hand specialist. The need for treatment can only be determined after results of consultation are available. The originla UR review modified the deicsion to approvve the consultation with hand specialist, but denied approval of treatment at this time. There is no medical necessaty for both evaluation and treatment by a hand specialist at this time and the original UR decision is upheld.