

Case Number:	CM15-0224446		
Date Assigned:	11/20/2015	Date of Injury:	10/09/2014
Decision Date:	12/30/2015	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 37 year old, male who sustained a work related injury on 10-9-14. A review of the medical records shows he is being treated for right arm-hand pain. In the progress notes dated 9-25-15 and 10-23-15, the injured worker reports right arm pain and has a "pulling sensation" in his right arm. He rates his pain level a 4 out of 10 with medications and a 7 out of 10 without medications. He has poor sleep. No change in activity level. Upon physical exam dated 10-23-15, he has tenderness all over right wrist. He has decreased right wrist range of motion. Treatments have included physical therapy to right hand-4 out of 8 sessions and medications. Current medications include Tramadol, Voltaren gel, Gabapentin and Glipizide. He is not working. The treatment plan includes requests for an orthopedic surgeon referral. The Request for Authorization dated 10-29-15 has request for a referral to orthopedic surgeon. In the Utilization Review dated 11-6-15, the requested treatment of a referral to orthopedic surgeon is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) referral to orthopedic surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work injury in October 2014 when he fell and he lacerated his right wrist on rebar as he was pulling himself up. He was seen for an initial evaluation by the requesting provider on 08/28/15. He had chronic progressive right hand pain. Symptoms included numbness, tingling, and weakness. Pain was rated at 7/10 on average. His past medical history included diabetes. Authorization was requested for additional testing. Electrodiagnostic testing in September 2015 was normal. An MRI of the right wrist and hand on 10/06/15 included findings of a partial scapholunate ligament tear, partial tear of the triangular fibrocartilage complex, and findings consistent with deQuervain's tenosynovitis. Physical examination findings included wrist tenderness. There was tenderness over the right anatomic snuffbox area. There was a soft protrusion located radial to the palmaris longus tendon at the first wrist crease. There was decreased range of motion. First carpometacarpal grind and Tinel's tests were positive. There was decreased strength and decreased right lateral forearm and right hand sensation. Authorization was requested for an orthopedic evaluation to evaluate the claimant and the MRI findings. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has multiple findings by MRI and on physical examination that need to be correlated with his current complaints. Additional evaluation might be suggested as he has findings that suggest a right C6 radiculopathy. Clarification of his condition would be helpful in guiding therapy efforts and may prevent unneeded and ineffective treatments. The request is appropriate and medically necessary.