

<b>Case Number:</b>	CM15-0036208		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	05/21/2014
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: Colorado

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 is a 52 year old female with an industrial injury dated 05/21/2014 which resulted in a puncture wound to the left index finger. Diagnoses includes puncture wound of the left index finger with possible injury to the left digital nerve, and personal history of contact and exposure hazardous body fluid. No recent diagnostic testing was submitted or discussed. Previous treatments have included conservative measures, medications, and injections. Progress note dated 01/05/2015, indicates patient cannot actively straighten left index finger. The objective examination revealed left index finger held in flexion, but can be passively extended. The treating physician is requesting outpatient second opinion orthopedic consultation and evaluation of the left hand which was denied by the utilization review. On 02/18/2015, Utilization Review non-certified a request for outpatient second opinion orthopedic consultation and evaluation of the left hand, noting MTUS and ACOEM guidelines were cited. On 02/26/2015, the injured worker submitted an application for IMR for review of outpatient second opinion orthopedic consultation and evaluation of the left hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient second opinion orthopedic consultation and evaluation of left hand:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 7 Independent Medical Examinations and Consultations pages 503-524.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2ND Edition, revised 2011, Chapter 6 Independent Medical Examinations and Consultations, page 163, Chapter 10 Chronic Pain, pages 803-804, and 859-860.

**Decision rationale:** The MTUS Guidelines do not specifically address indications for consultation, so the ACOEM Guidelines were consulted. Per the ACOEM Guidelines, consultation is recommended when the patient's chronic pain condition is related to patient's poor function and no cause clearly evident. Consultation with a specialist can be used then to confirm diagnosis and/or devise treatment regimen. Consultants can also assist in assigning loss, assessing medical stability and determining fitness to return to work. The specialist may offer just advice / input or take over patient care for a given condition. The choice of specialist to consult will depend on the patient needs. (Medical, Physical, Psychological) For the patient of concern, the Orthopedic Surgeon that has evaluated the patient, most recent supplemental note 2/5/2015, indicates he can find no physical reasons for patient's ongoing symptoms but acknowledges that maybe he has missed something in his assessment so requests second opinion or psychiatric consult. The current medical review is only to consider the need for Orthopedic second opinion. As patient's ongoing pain and disability have not yet been fully defined, further consultation to determine diagnoses and formulate treatment plan is recommended, based on the Guidelines.