MAXIMUS Federal Services

| Case Number: | CM15-0047526 | | |
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| Date Assigned: | 03/19/2015 | Date of Injury: | 09/09/2011 |
| Decision Date: | 04/24/2015 | UR Denial Date: | 03/05/2015 |
| Priority: | Standard | Application Received: | 03/12/2015 |

## 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: Arizona, California
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 43 year old female, who sustained an industrial injury on 09/09/2011. She reported that she types eleven hours a day and carries files weighing up to approximately ten pounds, and occasionally writes. The injured worker was diagnosed as having left wrist sprain/ligament tear, left hand carpal tunnel syndrome, and triggering of the left ring finger. Treatment to date has included status post carpal tunnel syndrome on the right, cortisone injection, use of left wrist splint, physical therapy, and electromyogram with nerve conduction study. In an orthopedic consultation dated 02/19/2015 the treating provider reports complaints of recurring triggering of her right ring finger with numbness along with intermittent and night time tingling of all fingers of the left hand. The treating physician requested orthopedic hand surgeon consultation and treatment with follow-up visits for assessment of the injured worker's condition.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic hand surgeon consultation and treatment with follow-up visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain chapter - office visits and pg 92.

**Decision rationale:** According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work. In this case, the claimant had seen an orthopedic surgeon. The surgeon recommended an MRI. The claimant was known to have trigger finger and carpal tunnel syndrome. The request for a surgical consultation and follow up visits with unknown amount and frequency is not justified. There is no mention of imminent surgery. The request above is not substantiated and not medically necessary.