

<b>Case Number:</b>	CM15-0081138		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	06/27/2013
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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

Certification(s)/Specialty: Orthopedic Surgery

### 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 38 year old female, who sustained an industrial injury on June 27, 2013. She reported suffering a crush injury and laceration to the left hand while working on a conveyor belt. The injured worker was diagnosed as having pathologic left fourth metacarpal neck fracture, reflex sympathetic dystrophy (RSD) in the left upper extremity, benign neoplasm left fourth metacarpal neck, and left upper extremity pain. Treatment to date has included x-rays, splinting, and medication. Currently, the injured worker complains of left upper extremity pain. The Treating Physician's report dated April 8, 2015, noted that on February 3, 2015, the injured worker suffered a fourth metacarpal fracture (pathologic) through a previously known left fourth metacarpal solitary bone cyst versus an aneurysmal bone cyst (ABC), while twisting and attempting to catch a falling plate. The injured worker's current medications were listed as Tramadol and Neocon. The left hand was noted to have no pressure points, with the splint fitting well, and to be intact neurovascularly. The treatment plan was noted to include a request for authorization for left hand curettage and bone grafting of the cyst to the left fourth digit, and chronic pain management, continued use of gutter splint, and refill of Norco as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: 1 Comprehensive history and physical: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.bonetumor.org/tumors-bone/aneurysmal-bone-cyst> (date accessed: 4/20/15).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain section, Office visits.

**Decision rationale:** CA MTUS/ACOEM is silent on office visits. According to the ODG Pain section, Office visits, Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the 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 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. In this case the exam note from 4/8/15 does not demonstrate a rationale why a comprehensive history and physical is required prior to left hand curratage. Therefore the request is not medically necessary.

**Associated surgical service: 12 hand therapy sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.bonetumor.org/tumors-bone/aneurysmal-bone-cyst> (date accessed: 4/20/15).

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

**Decision rationale:** CA MTUS Post surgical treatment guidelines recommend 16 visits over a 10 week period. In this case the request of 12 exceeds the initial 1/2 of visits recommended (8 visits). Therefore the request is not medically necessary.