

Case Number:	CM15-0081693		
Date Assigned:	05/04/2015	Date of Injury:	08/06/2012
Decision Date:	06/02/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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 53 year old male, who sustained an industrial injury on 08/06/2012. On provider visit dated 03/27/2015 the injured worker has reported right hand pain. On examination of the right hand/wrist revealed atrophy, surgical scar, swelling and erythema of hand bilaterally with clubbing of digits. Range of motion was restricted with pain. Tenderness to palpation was noted over ulnar side. The right hand and fingers were noted to be shiny with significant anatomic abnormalities to the fingertips. The diagnoses have included lumbar radiculopathy and low back pain. Treatment to date has included medication, electrodiagnostic study, laboratory studies and surgical interventions. The provider requested plastic surgeon consultation right fingertips issues and right hand issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Plastic surgeon consultation: 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), Office visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: The patient is a 53 year old male with a history of chronic right hand pain who had previously undergone right wrist fusion by an Orthopedic surgeon. Apparently, due to a right hand exam from 3/27/15 that documented the right hand to be shiny with significant anatomic abnormalities to the fingers tips, a request was made for a Plastic surgery evaluation. In addition, a request was made to see the orthopedic surgeon who had previously treated the right hand with a right wrist fusion. The reasoning for consulting the orthopedic surgeon was due to right hand pain and fingertip issues. It appears that there is similar reasoning for consultation with the Plastic Surgeon and Orthopedic Surgeon. There is no specific additional reason for seeing the Plastic Surgeon, as both specialties can treat hand abnormalities. The patient is documented to have seen the orthopedic surgeon on 4/3/15 and adequately evaluated the patient's hand and assumed care. Therefore, without additional reasoning to see the Plastic Surgeon and without prompting from the orthopedic surgeon to see the Plastic Surgeon, this consultation seems redundant and should not be considered medically necessary. From page 270, ACOEM, Referral for hand surgery consultation may be indicated for patients who:-Have red flags of a serious nature-Fail to respond to conservative management, including worksite modifications-Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention.