MAXIMUS Federal Services

Case Number:	CM15-0083686		
Date Assigned:	05/05/2015	Date of Injury:	11/30/2012
Decision Date:	06/04/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/01/2015

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: Physical Medicine & Rehabilitation

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 31 year old female, who sustained an industrial injury on November 30, 2012 while worker as a dispatcher. The injured worker developed right hand pain and swelling related to her usual and customary duties. The injured worker has been treated for right hand and thumb complaints. The diagnoses have included trigger right thumb, non-stenosing flexor tenosynovitis right thumb, right thumb basal joint arthralgia and right de Quervain's tenosynovitis. Treatment to date has included medications, radiological studies, electrodiagnostic studies, ice treatments, wrist brace, cortisone injection and physical therapy. Current documentation dated March 31, 2015 notes that the injured worker reported persistent pain in the right wrist and thumb. Objective findings included marked tenderness of the first dorsal compartment and a positive Finkelstein's test. The treating physician recommended a right de Quervain's release. The treating physician's plan of care included a request for pre-operative clearance with a MPN internist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op clearance by an MPN Internist Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.guideline.gov/content.aspx?id=38289.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7- Independent Medical Examinations and Consultations, page 127.

Decision rationale: ACOEM and MTUS are silent on internal medicine consult for pre-op clearance as it relates to this industrial injury; however, does state along with ODG, when a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex in nature whereby additional expertise may analyze for causation, prognosis, degree of impairment, or work capacity clarification. It appears the patient has no clear internal medical symptoms as well as no clinical documentation was identified correlating to any internal medicine related diagnosis. Additionally, submitted reports have not adequately demonstrated evidence of prolonged use of medications to cause any internal organ concerns nor is there any medical treatment procedure or surgical plan delayed, hindering the recovery process of this industrial injury due to poorly controlled or treated internal medicine issues. The Pre-op clearance by an MPN Internist Qty: 1.00 is not medically necessary and appropriate.