

Case Number:	CM15-0235042		
Date Assigned:	12/10/2015	Date of Injury:	10/21/2013
Decision Date:	01/20/2016	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	12/01/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 52 year-old who has filed a claim for chronic hand pain reportedly associated with an industrial of October 21, 2013. In a Utilization Review report dated November 2, 2015, the claims administrator failed to approve a request for a referral to an orthopedic hand surgeon. A May 29, 2015 office visit was referenced in the determination. Non-MTUS Chapter 7 ACOEM Guidelines were likewise invoked and mislabeled as originating from the MTUS. On an RFA form dated October 26, 2015, the treating provider reiterated his request for a hand surgery consultation, and a hip surgery consultation. MRI imaging of the brachial plexus, TENS unit, physical therapy, and a pain psychology referral were all sought. On a progress note dated May 29, 2015, the applicant reported 7/10 pain complaints. The applicant's medications included Norco, Celebrex, Cymbalta, progesterone, Synthroid, and Wellbutrin, the treating provider reported. The applicant was described as having bilateral hand and finger degenerative joint disease superimposed on issues with brachial plexopathy reportedly imputed to prior hand and wrist surgery. The applicant was status post a right CMC joint arthropathy and right carpal tunnel release procedure, the treating provider reported. Electro-diagnostic testing of right upper extremity, an MRI of the brachial plexus, physical therapy, and a TENS unit were all sought while Norco was renewed. The applicant was asked to pursue a hand surgery referral. The requesting provider was a pain management physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Referral to Orthopedics as an outpatient doe symptoms related to hand surgery:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examination and Consultation Page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Yes, the request for referral to an orthopedist to evaluate symptoms related to a prior hand surgery was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the applicant was described as having a variety of issues involving the hand and wrist, including carpal tunnel syndrome, hand and finger arthritis status post earlier CMC joint arthroplasty, etc. The requesting provider, a pain management physician, was likely ill equipped to address these issues and/or allegations. Obtaining the added expertise of a practitioner better equipped to address these issues and allegations, namely an orthopedic hand surgeon was, thus, indicated, therefore, the request is medically necessary.