MAXIMUS Federal Services

Case Number:	CM14-0136663		
Date Assigned:	09/03/2014	Date of Injury:	01/20/2001
Decision Date:	09/26/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/25/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57 year old female with date of injury of 1/20/11. The treating physician report dated 7/16/14, indicates that the patient has been having a lot of pain, unable to use spandex, having "accidents", depression, problems getting out of bed, had recent fall and slips down stairs injuring left thumb. The physical examination findings reveal the injured worker is alert and conversant with no apparent negative effects of meds noted. Using a rolling walker, tender left thumb DIP with click. The current diagnoses are chronic pain syndrome, thoracic, lumbar neuritis, depressive psychosis, and major Depression. The utilization review report dated 8/14/14, denied the request for a hand specialist evaluation based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand Specialist Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 92.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) <Insert Chapter>, page(s) <Insert Page Number or Numbers>Specialty referral.ACOEM guidelines, chapter 7, page 127 state that the occupational

health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient.

Decision rationale: The injured worker presents with chronic lower back pain and recently injured her thumb when she fell down some stairs when her legs gave out on her. The current request is for Hand specialist evaluation. The treating physician states that the injured worker has a tender left thumb DIP with click following a fall down some stairs and request is made to see a specialist. The ACOEM guidelines on page 127, state that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The current request is supported by the ACOEM guidelines for specialty referral. Therefore, the request is medically necessary.