

Case Number:	CM14-0206930		
Date Assigned:	12/18/2014	Date of Injury:	03/07/2013
Decision Date:	02/28/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/10/2014

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. 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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 patient is a 45-year-old male who sustained a crush injury to his left hand on March 7, 2013. The patient continued to experience pain in his left hand. Physical examination was notable for normal examination to right hand, tenderness to the MCP, PIP, and DIP joints of his left 4th and 5th fingers, decreased sensation to the left 5th finger, and decreased range of motion of the left 3rd, 4th, and 5th fingers. Diagnoses included posttraumatic injury of the left hand involving 3rd, 4th, and 5th fingers. Treatment included surgery, physical therapy, and medications. Request for authorization second opinion for hand evaluation was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second Opinion hand evaluation for right hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 OMPG, Chapter 7: Independent Medical Examinations and Consultations, page 127

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

Decision rationale: Referral for hand surgery consultation is indicated for patients who have red flags of a serious nature, fail to respond to conservative management, and who have clear clinical and special study evidence of a lesion that has been shown to benefit, in both short and long term, from surgical intervention. In this case the patient underwent surgical intervention at the time of injury. There is documentation of residual disability. There is no documentation of special study evidence of a lesion that will benefit from surgical intervention. There is no medical indication for referral to hand surgeon. The request should not be authorized.