MAXIMUS Federal Services

Case Number:	CM14-0215093		
Date Assigned:	01/02/2015	Date of Injury:	07/31/2013
Decision Date:	03/03/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/22/2014

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: Texas, Ohio, 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 [redacted] employee who has filed a claim for chronic low back, neck, hand, and finger pain reportedly associated with an industrial injury of July 31, 2013. In a Utilization Review Report dated December 9, 2014, the claims administrator failed to approve request for a follow-up visit with an orthopedic surgeon. The applicant was status post traumatic amputation of the digit, previously surgically operated upon. The applicant had also sustained multiple contusions of multiple parts in an industrial motor vehicle accident, it was further noted. The claims administrator incidentally noted that the applicant appeared to be using marijuana. An office visit dated December 8, 2014 was referenced in the rationale. The claims administrator invoked non-MTUS ODG Guidelines to deny the request. The applicant's attorney subsequently appealed. On October 20, 2014, the applicant reported persistent complaints of left hand pain. The applicant had two surgeries involving the injured digit. The applicant had an extensive physical therapy. The applicant apparently had residual pain complaints about the nail and wished to have the nail bed removed. The nail bed appeared visibly deformed. Erythema was appreciated. The applicant was asked to follow up with an orthopedic hand specialist/orthopedic hand surgeon, namely the physician who had performed the first surgery on the applicant. The applicant was described as having issues with recurrent paronychia about the injured hand, it was further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up with orthopedic MD: Overturned

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: As noted in the MTUS Guideline in ACOEM Chapter 11, page 270, if surgery is consideration, counseling regarding likely outcomes, risks and benefits, and, especially, expectation is very important. Here, the requesting provider has stated that the applicant is, in fact, actively considering further surgical intervention involving the applicant's previously partially amputated digit. The applicant apparently has issues with nail bed deformation. Obtaining a follow-up visit/consultation with the applicant's hand surgeon, thus, is indicated to determine the applicant's suitability for further surgical intervention involving the injured digit. Therefore, the request was medically necessary.