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| Case Number: | CM15-0104126 | | |
| Date Assigned: | 06/08/2015 | Date of Injury: | 11/29/2009 |
| Decision Date: | 07/16/2015 | UR Denial Date: | 05/05/2015 |
| Priority: | Standard | Application Received: | 05/29/2015 |

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 30 year old male, who sustained an industrial injury on 11/29/2009. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having status post repair of the right index digit laceration performed in 12/2009 and laceration of the radial digital nerve index digit. Treatment and diagnostic studies to date has included above noted procedure, home exercise program, and a medication regimen. In a progress note dated 04/08/2015 the treating physician reports tenderness on palpation of the flexor compartment without triggering or clicking, mild tenderness to palpation of the proximal phalanx, absent sensation on the radial aspect of the index digit distal to the a laceration extending from the mid portion to the middle phalanx distally, and when making a full fist he is not able to oppose the tip of the digit to the distal palmer crease. The treating physician requested a re-evaluation by the upper extremity specialist for aftercare following surgery for injury and trauma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-evaluation with upper extremity specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

Decision rationale: Pursuant to the Official Disability Guidelines, reevaluation with upper extremity specialist is not medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines as opiates or certain antibiotics require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Determination of necessity for an office visit requires individual case review and reassessment being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In this case, the injured worker's working diagnoses are status post repair right index finger laceration; and laceration radial digital nerve index finger. Documentation from the initial consultation dated November 26, 2014 states the injured worker may require surgery. The consultant indicated he needed to review the medical records prior to making a final recommendation. According to an April 8, 2015 progress note, the consultant has not received any of medical records. The consultant has not reviewed the requested medical records. There is no clinical indication for the consultation until the medical records are received and reviewed. Consequently, absent receipt and review of prior clinical documentation requested by the treating consultants to make a final recommendation, reevaluation with upper extremity specialist is not medically necessary.