

Case Number:	CM15-0127183		
Date Assigned:	07/13/2015	Date of Injury:	10/29/2013
Decision Date:	09/02/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/01/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports 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 25 year old male, who sustained an industrial injury on 10/29/13. Many of the medical reports are difficult to decipher. The injured worker was diagnosed as having left wrist internal derangement. Treatment to date has included left hand open reduction internal fixation. Currently, the injured worker complains of left wrist/hand pain. The treating physician requested authorization for hardware removal for left hand 2nd/3rd metacarpals and post-operative physical therapy for the left hand 3 x 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hardware removal for left hand 2nd/ 3rd metacarpals: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm , Wrist, & Hand Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-260.

Decision rationale: This is a request for surgery with insufficient provided supporting documentation. The only subjective information provided on reports of February 17, 2015, April 28, 2015 and June 30, 2015 are, "c/o hand pain." There is a May 26, 2015 request for, "STAT hardware removal for left hand with hand specialist" and a July 1, 2015 request for, "STAT referral to hand specialist." The requests would appear to be out of order; that is, evaluation by a hand specialist would be appropriate for an injured worker who underwent prior hand surgery and has ongoing symptoms in the injured hand, but the hand specialist would be the most appropriate physician to determine if the injured worker might benefit from additional surgery. There is insufficient information provided to support the request for removal of old surgical implants at this time. Therefore the request is not medically necessary.

Post op Physical therapy left hand 3 x 4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.