

<b>Case Number:</b>	CM15-0170485		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	03/23/2015
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 27 year old male, who sustained an industrial-work injury on 3-23-15. He reported initial complaints of left wrist pain. The injured worker was diagnosed as having cervicalgia, lumbago, lumbar radiculopathy, lumbar disc protrusion, lumbar facet dysfunction, depression, left wrist pain with history of fracture, right shoulder pain with impingement and tendinitis, and piriformis syndrome. Treatment to date has included medication, diagnostics, and chiropractic treatments. X-rays of the left wrist showed no acute fracture or dislocation. Currently, the injured worker complains of neck, low back, and left wrist pain. Per the primary physician's progress report (PR-2) on 8-5-15, exam notes positive straight leg raise, Patrick's, Spurling's Hawk's, FADIR's on left, and cross body tests with tenderness of the cervical paraspinals, upper trapezius, scapular border, left gluteal, piriformis region, and right bicipital tendon. Pain was rated 2 out of 10 with medications. Medications include Ibuprofen and Gabapentin. Current plan of care includes referral to a hand specialist. The Request for Authorization date was 8-5-15 and requested service included referral to Hand Specialist for Left Wrist. The Utilization Review on 8-20-15 denied the request, per CA MTUS 2009 ACOEM guidelines, recommends specialist consultations for specifically identified patients for diagnostic and-or therapeutic interventions. There was lack of documentation for acute care or other medical indication for specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Referral to Hand Specialist for Left Wrist: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

**Decision rationale:** Per the ACOEM: The health practitioner may refer to other specialist 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: 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient upon review of the provided medical records has ongoing wrist and hand pain despite conservative therapy. The referral for a hand specialist consult is medically necessary and approved.