

Case Number:	CM15-0173609		
Date Assigned:	09/15/2015	Date of Injury:	06/15/2013
Decision Date:	10/15/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/03/2015

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: Texas, Florida, 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 injured worker is a(n) 40 year old male, who sustained an industrial injury on 6-15-13. The injured worker was diagnosed as having status post introgenic injury of the oblique pulley right thumb with bowstringing and limited IP flexion and stenosing tenosynovitis right thumb likely at the A1 pulley level. Treatment to date has included an EMG-NCS on 7-8-15, Voltaren, Protonix and Ultram. As of the PR2 dated 8-4-15, the injured worker reports discomfort in the right IP thumb joint. Objective findings include bowstrings of the flexor tendon with mild tenderness at the A1 pulley area, right thumb IP flexor 15-MCP flexion 50 and pinch 9. The treating physician injected the right thumb flexor sheath during the visit. The treating physician requested a follow-up visit with an orthopedic surgeon x 2. The Utilization Review dated 8-10-15, modified the request for a follow-up visit with an orthopedic surgeon x 2 to a follow-up visit with an orthopedic surgeon x 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit with an orthopedic surgeon X 2: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

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

Decision rationale: This claimant was injured in 2013 with diagnoses of iatrogenic injury of the oblique pulley right thumb with bowstringing and limited IP flexion and stenosing tenosynovitis right thumb likely at the A1 pulley level. As of August, there is still discomfort in the right IP thumb joint. The treating physician requested a follow-up visit with an orthopedic surgeon x 2. The Utilization Review dated 8-10-15, modified the request for a follow-up visit with an orthopedic surgeon x 2 to a follow-up visit with an orthopedic surgeon x 1. Regarding office visits such as to an orthopedic doctor, the MTUS is silent. The ODG notes that office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. In this case, although there may be orthopedic issues, it is not clear why two orthopedic visits are needed, when at least initially, one should be sufficient. The request is not medically necessary.