

Case Number:	CM15-0062779		
Date Assigned:	04/08/2015	Date of Injury:	06/02/2014
Decision Date:	05/08/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/02/2015

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 39-year-old male, who sustained an industrial injury on June 2, 2014. He has reported right wrist and hand pain. Diagnoses have included right wrist sprain and right wrist flexor tendon injury. Testing has included x-rays and wrist MRI. Treatment to date has included medications, splinting, therapy and acupuncture that offered some benefit. A prior orthopaedic surgery consultant noted no surgery was indicated. A progress note dated March 16, 2015 indicates a chief complaint of right wrist and hand pain. The treating physician notes, "Patient requests second opinion from hand specialist." The request is for consultation with a plastic surgery hand specialist for a second opinion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Plastic Surgery hand specialist consult and treat, second opinion (Right 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 Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: In this case, records submitted for review indicate ongoing symptoms despite fairly extensive and long-term non-surgical treatment and the CA MTUS would support consultation with a surgical specialist. The records indicate the injured worker was evaluated by an orthopedic surgeon in October 2014. Hand surgery is a board certified subspecialty of both orthopedic and plastic surgery. The orthopedic surgeon did not feel any surgery was indicated and the most recent report from the primary treating physician of March 16, 2015 indicates the injured worker would like another opinion. Although second opinions are not specifically addressed in the CA MTUS, it is generally accepted that multiple opinions are reasonable. In this case with documented long-standing symptoms despite extensive conservative treatment, consultation with a surgeon is reasonable; if the injured worker prefers to consult with a different surgeon than he consulted with in October 2014, that would also be reasonable. Therefore, the request is determined to be medically necessary.