

Case Number:	CM15-0091800		
Date Assigned:	05/18/2015	Date of Injury:	04/24/2013
Decision Date:	06/19/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/12/2015

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, California
 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:

This is a 26 year old male patient who sustained a work related injury on April 24, 2013. He sustained the injury due to severe crush injury to the left arm, forearm. Past history included a severe crush avulsion injury, left arm, fracture as well as crush compartment syndrome of the left arm with missing ulnar nerve for approximately 7-8 cm. the diagnoses include severe crush injury of the left arm, left elbow, left forearm; complete palsy of the left ulnar nerve; s/p multiple irrigation, debridement, release of the axilla and elbow; severe clawing deformity of the left ring and small fingers. Per the doctor's note dated 4/29/15, he had complaints of left upper extremity pain. The physical examination revealed cast on left arm. The medications list includes colace, oxycontin, percocet, ativan and gabapentin. Patient was prescribed elavil on 4/29/15. He has undergone a tendon transfer, flexor superficialis of the left ring finger to restore intrinsic function with the Lasso technique, splitting the superficialis tendon in half, and wrapping half around the A1 pulley and half around the A2 pulley on 4/9/2015. At issue, is the request for follow-up visits x 5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visits x 5: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation 2015 online guidelines: Office visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: Request: Follow up visits x 5 MTUS guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127. Per the cited guidelines, "The occupational health practitioner may refer to other specialists 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." Patient underwent a complex left upper extremity surgery with tendon transfer. The medications list includes opioids: oxycontin and percocet. This is a complex case. Follow up visits are medically necessary. The request for Follow up visits x 5 is deemed medically appropriate and necessary for this patient at this juncture.