

Case Number:	CM13-0019665		
Date Assigned:	10/11/2013	Date of Injury:	06/19/2010
Decision Date:	01/10/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 47-year-old female with a reported date of injury on 06/19/2010. The patient had tenderness upon palpation at the right wrist, a well-healed surgical scar, and limited right wrist range of motion. Pertinent negatives included no swelling and normal temperature to touch. The patient had diagnoses of bilateral wrist tendinitis with bilateral carpal tunnel status post carpal tunnel release. The provider's treatment plan included consultation with a certified hand therapist for custom dynamic splint. The patient was seen intermittently throughout 2011 and 2012 for various health issues. However, there is no documentation indicating the patient was seen by a physician throughout 2013, nor the current year. Presently, the physician is requesting pain management with [REDACTED] to consider a possible 3rd stellate ganglion block and is also consulting with a certified hand therapist for a custom splint for flexion ROM of PIP of the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management with Dr. Randy Rosen to consider possible 3rd stellate ganglion block:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-254.

Decision rationale: The California MTUS does not address specialty consults. Therefore, ACOEM Guidelines have been referred to in this case. According to the American College of Occupational and Environmental Medicine, referral for specialty care may be indicated if symptoms persist beyond 4 to 6 weeks. However, as noted from the documentation provided for review, there are no comprehensive clinical evaluations of this patient from the entire 2013 year, nor are there any from the present year. Therefore, it is unclear if the patient still continues to have the same complaints of decreased range of motion of the PIP of the right hand. As such, the request cannot be considered medically necessary at this time.

Consult with certified hand therapist for custom dynamic splint for flexion ROM of PIP of right hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

Decision rationale: The California MTUS Guidelines do not address the issue of specialty consults. Therefore, the American College of Occupational and Environmental Medicine has been referred to in this case. As noted by ACOEM, referral for specialty care may be indicated if symptoms persist beyond 4 to 6 weeks. Furthermore, it states that patients with potentially work related forearm, wrist, and hand complaints, should have a follow-up every 3 to 5 days by a mid level practitioner, or by a physical or hand therapist who can counsel them by avoiding static positions, medication use, activity modification, and other concerns. However, as noted before, this patient has not been seen by a physician in at least the last 12 months. Therefore, it is unclear whether or not this patient is still having the same medical issues with her range of motion of the PIP of her right hand. Although a consult with a hand therapist may be beneficial for this patient, without documentation supplying a current comprehensive clinical evaluation of the patient, it is unclear if the patient is still having the same medical issues with her upper extremity. As such, the request cannot be deemed medically necessary at this time.