

Case Number:	CM13-0020444		
Date Assigned:	12/11/2013	Date of Injury:	06/14/2013
Decision Date:	01/22/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/05/2013

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 underlying date of injury in this case is 06/14/2013. The primary diagnosis is 926.9 or a crush injury of the trunk. Per a prior physician review, the treating diagnosis is carpal tunnel syndrome. A prior physician review notes that this patient has clear evidence of carpal tunnel syndrome, including electrodiagnostic evidence, and it is unclear how the patient would benefit from an additional consultation at this time. Treating physician PR-2 notes outline a very complex medical situation including a crush injury to the chest and abdomen with a ruptured left diaphragm and concern of air beneath the diaphragm. These notes also underline that the patient has left ulna paralysis as a result of an injury to the cubital tunnel area. A physician note of 08/28/2013 notes that electrodiagnostic studies confirm findings of a severe ulnar neuropathy and note that the patient has physical exam findings of profound weakness of pinch to the 1st and the 5th digits and also abduction weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

neuro-surgical consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 45.

Decision rationale: The California ACOEM Guidelines, Chapter 3 Treatment, page 45, states, "Variance from expectations: If the patient is not recovering as he or she expects, the patient and clinician should seek reasons for the delay and address them appropriately." The medical records in this case and a prior physician review express very different medical histories. The treating physician notes suggest that there may have been a fundamental error in the utilization review, and indeed it seems that it may be possible that from a clerical perspective, the utilization review may not have applied to the corresponding records in this case. The physician review describes straightforward carpal tunnel syndrome whereas the medical records describe an extremely complex history of a crush injury to the chest with the substantial ulnar neurological findings and considerable complexity regarding the diagnosis and treatment in this case. In this situation, given the complexity of the situation, a neurosurgical consultation is clearly appropriate. This request is medically necessary.