

Case Number:	CM13-0030880		
Date Assigned:	11/27/2013	Date of Injury:	11/09/2011
Decision Date:	01/29/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	10/01/2013

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 Orthopedic Surgery 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:

This is an independent review requested regarding orthopedic consultation of right carpal tunnel syndrome as well as a functional capacity evaluation regarding permanent and stationary status. This would pertain to an adverse decision of 08/28/13. This is the case of a 37-year-old with a right upper extremity injury of March 2010 and a second right upper extremity injury of November 2011. Carpal tunnel release and lateral epicondylar release have already been performed on the right. Chronic pain has been diagnosed. In July of 2013, a QME was performed by a hand specialist. Additional surgery was not recommended and appropriate limitations were provided. A review of the independent medical records would indeed confirm this history. Apparently, release has already been performed in 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

orthopedic consultation for right carpal tunnel syndrome: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Foundation Chapter, Independent Medical Examinations and Consultation.

Decision rationale: The diagnosis of carpal tunnel syndrome has already been surgically managed. Electrodiagnostic and an evaluation by a hand specialty examiner have identified no indication for further surgical intervention. Absence of such an indication, orthopedic consultation regarding the diagnosis of already treated right carpal tunnel could not be deemed medically necessary. The decision to deny the orthopedic consultation should be upheld in as much as guidelines remain unsatisfied.

functional capacity evaluation for primary treating physician's permanent and stationary report: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning Section Page(s): 125.

Decision rationale: The upper extremity specialty examiner has most appropriately recommended limitations based on the anatomical alterations of the upper extremities, 16% of total upper extremity impairment has already been determined, in keeping with some degree of limitation. The indication for additional functional capacity evaluation at this late date would be unclear as limitations have already been established by a qualified examiner with a specialty in upper extremity surgery. The decision to deny the additional functional capacity evaluation should be upheld, as indeed such evaluation does not appear medically necessary at this time.