

Case Number:	CM13-0033226		
Date Assigned:	12/06/2013	Date of Injury:	04/02/2002
Decision Date:	01/23/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/09/2013

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 Connecticut, North Carolina and Pennsylvania. 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 64-year-old female who was injured on 04/02/02. Records for review include a recent orthopedic assessment dated 09/23/13 with [REDACTED] who indicated no change in the claimant's current complaints of right hand pain stating there is lessening pain with inactivity with objective findings demonstrating tenderness to palpation, a positive right wrist Tinel's, Phalen's, and compression test with current diagnosis of carpal tunnel syndrome and lateral epicondylitis to the elbow. Treatment at that time was for a corticosteroid injection as well as referral to an orthopedic hand specialist with need for continuation of home exercise, heat and ice, and antiinflammatory agents. Reviewed were recent electrodiagnostic studies of 09/12/13 that [REDACTED] noted were normal. A prior MRI of the right wrist from 07/29/13 showed degenerative changes and posttraumatic changes to the second proximal phalanx.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic hand specialist limited treatment QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pg. 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pg. 127

Decision rationale: Based on the ACOEM guidelines, referral for orthopedic hand specialist for treatment in this case does not appear to be indicated. At the time of the last clinical assessment, [REDACTED] indicated the employee was with negative electrodiagnostic studies and a diagnosis of carpal tunnel syndrome. It would be unclear in terms of absent imaging what an orthopedic hand specialist would add to the employee's current clinical picture that has not already been utilized. The specific request for consultation in this case would not be deemed medically necessary at present.