

<b>Case Number:</b>	CM13-0035642		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	12/01/2003
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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. The expert reviewer is Board Certified Occupational Medicine 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 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/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:

applicant is a represented Los Angeles County Superior Court (LASC) employee who has filed a claim for chronic hand, wrist, and upper extremity pain reportedly associated with an industrial injury of December 1, 2003. In a utilization review report of September 27, 2013, the claims administrator noted that the applicant had a history of electrodiagnostically confirmed carpal tunnel syndrome, right sided, reportedly a function of cumulative trauma at work. Request for consultation and treatment with a hand and upper extremity specialist was partially certified as consultation only. Non-MTUS Chapter 7 ACOEM Guidelines were cited. It was noted that there was a compensability dispute present here. In a progress note of July 17, 2013, the applicant was described as having on and off throbbing hand, wrist, and elbow pain with associated numbness, tingling, and paresthesias, exacerbated by griping, grasping, handling, and other manual activity. The applicant was on Tramadol, Tylenol, and Aleve. The applicant was given a diagnosis of C5-C6 cervical discopathy with superimposed carpal tunnel syndrome. The applicant returned to work. Diclofenac, Voltaren, and MRI imaging were endorsed. The applicant is asked to consult a hand and wrist specialist. On October 16, 2013, the hand and upper extremity specialist stated that the applicant should continue wearing wrist braces and obtain electrodiagnostic testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONSULTATION AND TREATMENT WITH A HAND/UPPER EXTREMITY SPECIALIST:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 7

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which proved recalcitrant to conservative treatment should lead a primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant's issues with hand pain, paresthesias, elbow pain, and carpal tunnel syndrome which have proven recalcitrant to time, medications, splinting, and modified activity do make the case for consultation and treatment with a physician specializing in diseases and injuries of the upper extremities. The request for consultation and treatment with hand/upper extremity specialist is medically necessary and appropriate.