

<b>Case Number:</b>	CM13-0040430		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	01/18/2008
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 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 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 40 year old male who sustained an injury on January 18, 2008. The patient has been treated with conservative care including physical therapy, chiropractic treatment, internal medicine consultation (03/28/2013) and an injection to the right middle trigger finger. On 07/20/2012 the patient had a bilateral shoulder and cervical MRI. The right shoulder MRI revealed a small amount of fluid in the subacromial-subdeltoid bursa or mild strain: 8mm subchondral cyst in the bony glenoid. Left Shoulder MRI revealed small focal partial tears subscapularis tendon near humeral insertion and junction of supraspinatus and infraspinatus tendons at humeral insertion; mild degenerative changes acromioclavicular joint; The cervical MRI revealed 2-4mm disc bulges at the C2-C7 levels with cord compression at the C4-5 and C5-6 levels; multilevel degenerative disc disease. Right wrist MRI performed 3/4/2013 revealed tiny scattered cystic densities along the radiocarpal joint interposed between the distal radius and the flexor (carpi radialis and flexor pollicis longus) tendons, most suggestive of tiny ganglion cysts. Upper Extremity Electrodiagnostic studies (unknown date of procedure) revealed bilateral carpal tunnel syndrome (median nerve entrapment at wrist) On 09/23/2013 the patient returned to his treating doctor with complaints of persistent pain and triggering along the base of the right middle finger. Examination findings revealed evidence of triggering of the right middle finger. There is marked tenderness of the right middle finger along the A1 pulley. Grip strength was decreased on the right. Assessment diagnosis was: Bilateral carpal tunnel syndrome. Bilateral shoulder impingement syndrome and AC joint arthrosis. Right middle trigger finger. Requested services include Neurology Follow up Consultation per [REDACTED] 9/16/13, Internal Medicine Consultation, Psyche follow up Consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurology follow-up consultation, per [REDACTED]: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 31-32.

**Decision rationale:** Available history and exam findings do not support the request for follow up consultation with Neurology. No rationale is provided. Therefore, Neurology follow-up consultation is non-certified

**Internal medicine consultation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 31-32.

**Decision rationale:** Available history and exam findings do not support the request for Internal Medicine consultation. No rationale is provided. Therefore, Internal Medicine consultation is non-certified.

**Psyche follow-up consultation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 31-32.

**Decision rationale:** Available history and exam findings do not support the request for follow-up psyche consultation. No rationale is provided. Therefore, follow-up psyche consultation is non-certified.