

Case Number:	CM13-0042256		
Date Assigned:	12/27/2013	Date of Injury:	06/26/2010
Decision Date:	04/24/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	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 in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 52 year old female with a date of injury of 06/26/2010. The listed diagnosis is status post left wrist carpal tunnel and left cubital tunnel release (08/12/2013). According to report dated 10/03/2013, the patient presents with left ring finger numbness and tingling. Patient also complains of right wrist tunnel of Guyon pain. He states she is having a difficult time grasping objects. Objective findings include minimal wrist and elbow range of motion and left hand radial aspect 4th digit numbness.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 SURGICAL CONSULTATION TO THE LEFT WRIST WITH [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 254-262-263,270.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 254, 262-236, 270.

Decision rationale: This patient is status post left wrist carpal tunnel and left cubital tunnel release (08/12/2013). The physician is request a surgical consultation, what appears to be a second opinion to address the patient's persistent symptoms despite surgical intervention. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational

health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In this case, the patient is status post left carpal tunnel and left cubital tunnel releases on 08/12/2013 with continued "numbness in the left ring finger." The physician is concerned about possible nerve damage from the surgery as she continues with numbness and tingling. The physician's request for a surgical consult to assess if there are possible post op complications is warranted. Recommendation is for approval.