

Case Number:	CM13-0046904		
Date Assigned:	12/27/2013	Date of Injury:	03/10/2007
Decision Date:	07/22/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	11/01/2013

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 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 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:

This 62-year-old male custodian sustained an industrial injury on 3/10/07, relative to cumulative trauma. The patient was status post left carpal and cubital tunnel release on 3/12/08, right radial nerve release at the forearm on 5/7/08, right carpal and cubital tunnel release on 12/29/08, left small finger A1 pulley release on 12/9/09, and left Guyon's canal release on 5/17/13. The 7/18/13 electrodiagnostic study findings suggested mild bilateral carpal tunnel syndrome, left Guyon's canal entrapment, right cubital tunnel syndrome, and bilateral chronic active C5/6 radiculopathy. The 9/6/13 treating physician report cited subjective complaints of neck and bilateral shoulder, elbow and wrist pain. The patient reported constant grade 2-5/10 bilateral hand pain with numbness, tingling and weakness. Medications, rest, and activity modification helped. Symptoms were worse with repetitive neck motion, lifting, carrying, hand/arm movement, and overhead reaching. The patient was diagnosed with bilateral carpal tunnel syndrome, left Guyon's entrapment, and right cubital tunnel syndrome. The treatment plan recommended physiotherapy for the left hand for strengthening and range of motion, right elbow brace, Celebrix, and orthopedic consult for both hands. The 10/2/13 upper extremity denied the request for an initial orthopedic consult with [REDACTED] regarding both hands. There was no evidence of imaging to assess specific pathology and no documented failure of conservative treatment. The 10/7/13 hand surgeon report indicated that the patient had changed primary treating physicians and completed post-operative occupational therapy. The patient had some left hand pain and weakness and was still doing home exercises. The upper extremity physical exam documented no significant left hand hypertrophic scarring, no tenderness to palpation over the pillar areas, and grip strength 50/50/40 pounds right and 60/50/50 pounds left. There were no residual paresthesias, but for a small loss in the small finger. The patient was ready to start getting further strength with full duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL CONSULT FOR ORTHOPEDIC WITH [REDACTED] REGARDING BILATERAL HANDS: 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), Forearm, Wrist, and Hand Procedure.

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) Independent Medical Examinations and Consultations, page(s) 127.

Decision rationale: The California MTUS guidelines support referral to a specialist 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. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for treatment of a patient. Guideline criteria have not been met. The patient was under the care of a hand surgeon at the time of request, 4 months status post left Guyon's canal release. There was no specific indication that the plan or course of care would benefit from referral to a different orthopedic surgeon. Therefore, this request for initial orthopedic consult with [REDACTED] regarding the bilateral hands is not medically necessary.