

<b>Case Number:</b>	CM13-0058453		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/13/2010
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 is a 40-year-old female with a 10/13/10 date of injury. She is status post ulnar nerve transposition on 10/19/12. On 10/23/13, the patient reported residual paresthesias in the left hand. The provider is requesting a referral to a hand surgeon for possible carpal tunnel syndrome treatment. Objective exam showed a positive Phalen's and Tinel's sign for both wrists. The diagnostic impression was of cervical and lumbar disc degeneration, and status post cubital tunnel release. Treatment to date has been medication management, and activity modification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation and treatment with [REDACTED] for the bilateral hands and wrists plus any follow-up visit:** 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).

**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), pages 127, 156; and the Official Disability Guidelines.

**Decision rationale:** The California MTUS states that consultations are recommended, and a 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. This patient has ongoing parasthesias in both wrists, as well as objective findings of Phalen's and Tinel's signs. However, this request is vague, with regard to any "follow-up visits that may be needed." Since it is not known what type of follow-up treatment the patient may need, this request cannot be substantiated. Therefore, the request is not medically necessary.