

Case Number:	CM13-0062790		
Date Assigned:	01/17/2014	Date of Injury:	02/25/2000
Decision Date:	04/22/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/09/2013

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 Physical Medicine & Rehabilitation, and is licensed to practice in Arizona. 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 53-year-old female with a date of injury on 2/25/2000. She has been complaining of symptoms of pain and tingling in the hands since 2001. She was declared permanent and stationary in 2001 and did not seek much treatment between 2007 and 2012. Since 2013 she has been seen by a physician/chiropractor because of the pain in both elbows, numbness in the hands and neck pain. She has undergone chiropractic care, received physical therapy and tried several medications. An evaluation in March of 2013 was performed and she was diagnosed with cervicobrachial syndrome, carpal tunnel syndrome and cubital tunnel syndrome. Chiropractic physician recommended a surgical consult. It seems that she was seen by a hand surgeon earlier in 2013. She had also undergone electromyography (EMG/NCV) in April of 2013, which exhibited mild carpal tunnel syndrome, right cubital tunnel syndrome and no superimposed radiculopathy. Cervical MRI showed disc bulging and some stenosis but no spinal cord compression. She was treated conservatively for carpal tunnel syndrome with splinting; the cubital tunnel syndrome was not considered to be symptomatic. The patient did not wish to have surgery, therefore, the hand surgeon declared maximum medical improvement. The patient had already changed her work status and was working less hours. She had a flare-up in October of 2013 and wished to have a second surgical opinion. My understanding is that the request for this surgical consultation is the one being disputed. It should be noted that she did not undergo additional studies such as another EMG since the initial study in April of 2013. Her symptoms were very similar to what she was experiencing previously, earlier in 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGICAL CONSULT FOR THE CERVICAL SPINE AND BILATERAL UPPER EXTREMITIES: 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) - Treatment in Worker's Compensation (TWC) Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263/611.

Decision rationale: The employee has known diagnoses of carpal tunnel syndrome as well as neck pain. After having undergone studies such as MRI and electromyography (EMG/NCV), she was considered to be stationary/maximal medical improvement. The employee did not wish to undergo surgery. She presented with a flare-up of similar symptoms later in October of 2013. Surgical consultation was requested. Since the employee's symptoms had not changed substantially and no new studies were performed to confirm any objective worsening, surgical consultation did not seem to be necessary.