

<b>Case Number:</b>	CM13-0067406		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/06/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Orthopedic Surgery, and is licensed to practice in Texas. 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 injured worker is a 39-year-old male who reported an injury on 08/06/2013, secondary to an unknown mechanism of injury. The injured worker was evaluated on 11/08/2013 for reports of right upper extremity pain with numbness in the right hand when holding objects. The injured worker indicated that medications had been helpful to reduce some of the pain and allow for better function. The exam noted tenderness at the right elbow over the lateral epicondyles. The exam also noted decreased grip strength on the right as compared to the left. The diagnoses included displacement of a thoracic disc and medial epicondylitis. The exam did indicate that an EMG report showed that the patient had bilateral moderate carpal tunnel syndrome and bilateral ulnar sensor mononeuropathy. Physical therapy was recommended, and authorization was received on 11/06/2013. The exam note further indicated that ibuprofen does help to reduce some of the pain and to allow for greater function. The request for authorization was found in the documentation provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SURGICAL CONSULT FOR THE RIGHT HAND:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, ,

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Forearm, Wrist and Hand, Office Visits.

**Decision rationale:** The request for surgical consult for the right hand is non-certified. The California MTUS/ACOEM Guidelines may recommend a referral for a hand surgery consultation when there is evidence of red flags of a serious nature, a failure to respond to conservative management, including worksite modifications, or there is clear clinical and specific study evidence of a lesion. Although there is an EMG study indicating moderate bilateral carpal tunnel syndrome, there is a significant lack of evidence in the documentation provided of the efficacy of prior therapies, such as physical therapy and NSAIDs. Therefore, based on the documentation provided, the request is non-certified.