MAXIMUS Federal Services

Case Number:	CM13-0071198		
Date Assigned:	01/08/2014	Date of Injury:	03/07/2012
Decision Date:	06/06/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/26/2013

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 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 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 39-year-old female whose date of injury is 3/7/2012. The patient states that she developed cumulative traumatic injuries affecting her neck, right shoulder, right elbow, right wrist and hand and also her back. She states she developed depression and insomnia as a result of these injuries. Examination of the hand and wrist on March 12, 2013, reveals limitation of motion of the right wrist with a positive Tinel test, positive Fallon test, positive Finkelstein test and positive compression over the median nerve of both right and left wrists. The provider cited to have an MRI scan that was done May 29, 2012 which was interpreted as showing bony erosions in the hamate and capitate together with evidence of median nerve neuritis. Also cited was an electromyography (EMG) of both upper extremities which was reported to show bilateral carpal tunnel syndrome. However, an examination dated August 15, 2013 revealed hypersensitivity and allodynia of the right upper extremity. The patient had limitation of motion of the shoulder with a positive impingement sign. There was normal range of motion of the elbow, and wrist. A negative Tinel sign, negative median nerve compression sign, a negative Finkelstein test, negative grinding test, and a negative ulnar click test over both wrists. Her grip strength was less on the right than on the left. There is hyperhidrosis of the dorsum of the right forearm and wrist with a glossy appearance to the skin. The examiner diagnosed the patient with regional pain syndrome. The patient had an MRI scan of her hand and wrist on 2/21/2013 which was a normal study except for some mild fluid within the radiocarpal and ulnocarpal joints. Another examination conducted on May 1, 2013, revealed normal sensation of both hands. There was a positive Tinel and Fallon test bilaterally the examiner reported constant slight pain on most occasions becoming moderate pain with heavy lifting and repetitive gripping, grasping, squeezing and keyboard activities. This examiner cited the EMG and nerve conduction study conducted on 4/20/2012 as showing bilateral mild carpal tunnel syndrome affecting sensory

components and again a nerve conduction study done on September 16, 2013 revealing slight right median neuropathy with entrapment at the wrist and probable left median nerve neuropathy at the wrist. Because of the diagnosis or regional pain syndrome the patient underwent a stellate ganglion block on October 12, 2013. She states she had 60% relief after the procedure but is still taking the same amount of medication. A request is made for consultation for right wrist surgery evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION FOR RIGHT WRIST SURGERY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-270,Chronic Pain Treatment Guidelines Page(s): 35-41.

Decision rationale: The medical records provided for this patient are quite confusing when dealing with wrist and hand complaints. The records indicate the patient has wrist and hand pain associated with numbness and tingling. However depending on the examiner, the patient may have normal range of motion of the wrist or limitation of motion. She may have normal sensation or decreased sensation. She may have a positive Phalen, Tinel, and median nerve compression sign or they may be negative. Throughout the chart there are references to a tear of the triradial cartilage on the right. However, the patient has an MRI scan of the wrist that shows no triradial cartilage tear. The patient does have electromyography (EMG) and nerve conduction evidence of mild carpal tunnel syndrome bilaterally but she also carries a diagnosis of regional pain syndrome and has responded to some degree to a stellate ganglion block. The ACOEM Guidelines on carpal tunnel syndrome state that carpal tunnel syndrome does not produce hand or wrist pain except for night pain which is not documented in the patient's chart. It does produce numbness and tingling in the hand. Regional pain syndrome will produce pain in the hand that is out of proportion to objective findings. In addition, regional pain syndrome can be exacerbated by additional surgical procedures. The ACOEM Guidelines state that referral for surgical consultation is indicated for patients who have red flags of the serious nature which this patient does not. At this point, we don't have an accurate diagnosis around which to tailor our conservative management. If the patient does have regional pain syndrome, psychological management is a part of the conservative management. There is no documentation of a psychological evaluation in the chart. Finally, there needs to be clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long-term from surgical intervention. The medical records provided for review do not offer clear clinical evidence of the lesion since the patient has both constant severe pain and numbness and tingling. There is evidence of special studies that suggest a mild carpal tunnel syndrome. There are also studies that show no triradial fibro-cartilage tear. Additionally, there is an underlining diagnosis of regional pain syndrome, which can be exacerbated by additional hand and wrist surgery. Therefore, based on the above the medical necessity of a consultation for hand surgery has not been established. The request is not medically necessary and appropriate.