MAXIMUS Federal Services

Case Number:	CM14-0000305		
Date Assigned:	01/10/2014	Date of Injury:	11/01/2011
Decision Date:	04/07/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/30/2013

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 Internal Medicine and is licensed to practice in New York. 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 41 year old female with a date of injury on 11/01/2011. She had a repetitive motion, overuse injury of both hands and wrist working on the assembly 3 areas. On 04/26/2012 she had left carpal tunnel surgery. She then had 12 visits of post operative physical therapy. On 04/16/2013 she had her 25th physical therapy visit in that course of physical therapy. She had been fine for a year after the previous physical therapy. She did not have physical therapy for nine months. Then on 04/16/2013, she had bilateral shoulder pain, left wrist pain, intermittent numbness and weakness. She had difficulty gripping the wheel when driving because of weakness in both hands. Neer sign and Hawkins sing were positive on the right shoulder but negative on the left. There was a marked decreased in the right shoulder range of motion. On 04/25/2013 she had her 28th physical therapy visit in that course of therapy. On 05/07/2013 she was to return to modified duty. The diagnosis was right trapezius strain but she was to use a brace for right carpal tunnel syndrome. On 06/18/2013 right wrist Phalen and Tinel signs were positive. She had tenderness and spasm of the trapezius. There was right elbow pain. She was to be treated with medication and modalities for right shoulder. She had right elbow lateral epicondylitis. On 11/08/2013 a right wrist MRI revealed a 4 mm area of avascular necrosis of the ulnar surface of the lunate. On 11/08/2013 a MRI of the left wrist revealed old trauma. The request for this review is for bilateral upper extremity EMG/NCS and neurology consults. Both were denied as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for a neurology consultation: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Consultations Section, page 127.

Decision rationale: The patient continues to have numbness and weakness of both hands with difficulty gripping the steering wheel. She had left carpal tunnel release and continues to be followed with right carpal tunnel syndrome. The request for bilateral upper extremity EMG/NCS was denied. She has avascular necrosis of the right wrist MRI and wrist trauma in the left wrist MRI. She continues to have numbness and weakness of the hands. She also has right shoulder symptoms of pain, decreased range of motion despite a multitude of physical therapy visits. There is neck pain. It is unclear if this patient has cervical radiculopathy, continued carpal tunnel syndrome in the left despite previous release surgery, right carpal tunnel syndrome or brachial plexopathy in addition to the local wrist lesions. She has numbness and weakness. MTUS ACOEM guidelines page 127 allows for referral to specialists if the diagnosis is uncertain or complex. The request is certified.