MAXIMUS Federal Services

Case Number:	CM14-0101605		
Date Assigned:	08/01/2014	Date of Injury:	05/14/2014
Decision Date:	09/03/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/01/2014

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 Plastic and Reconstructive Surgery and is licensed to practice in Maryland, Virginia and North Carolina. 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 patient is a 52 year old male with a reported date of injury on 5/14/14 who requested authorization for left wrist orthopedic consultation for Radio Frequency Thermo Ablation 6/13/14 and left wrist orthopedic treatment Radio Frequency Thermo Ablation 6/13/14. He complains of left hand weakness and numbness since 5/14/14. From 6/10/14 documentation, he is noted to have decreased left grip strength and reflexes to bicep and brachoradialis are decreased on the left. He has loss of muscle tone to the forearm musculature and tested positive Tinel's and negative Phalen's to the left wrist. Electrodiagnostic studies are stated to show severe left wrist median neuropathy and left radial neuropathy with an incomplete lesion located likely above the elbow at the spiral groove of the humerus. There is electrodiagnostic evidence consistent with abnormalities, involving likely the left eight cervical nerve root. Diagnosis is stated as left severe carpal tunnel syndrome, per nerve studies, left cervical radiculopathy, and left hand weakness. A consultation with an Orthopedic Hand Surgeon was already requested. MRI scan of the neck was requested and the patient was placed on modified work duty. Electrodiagnostic studies from 6/7/14 support the statements of the 6/10/14 documentation. Xray radiology report of the cervical spine from 5/27/14 notes cervical kyphosis, degenerative disc disease C5-C7, severe at C6-C7 and massive anterior bridging osteophyte C4-C7. From 6/8/14 documentation, he is noted to have diagnoses of left arm radiculitis, left scapulothoracic strain and left hand weakness. Per reports the recommendations are for urgent electrodiagnostic studies, stretching exercises, medication treatment and activity modification. Radio Frequency Thermo Ablation for left wrist orthopedic treatment was denied dated 6/24/14 and modified to Orthopedic consultation for the left wrist for evaluation and treatment recommendations. Reasoning given was that given the complexity of the injury noted on electrodiagnostic testing,

along with the clinical presentation of the patient, a consultation with a hand specialist for evaluation and treatment recommendations is prudent prior to embarking on course of treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left wrist Orthopedic Consult RFA Radio (FrequencyThermoAblation): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: The patient is a 52 year old male with signs and symptoms of cervical radiculopathy and severe left carpal tunnel syndrome supported by electrodiagnostic studies. An MRI of the neck appears to be pending, ordered based on the findings on examination and electrodiagnostic studies. Considering the entirety of the medical record provided for review, specific treatment recommendations are premature, but a consultation to a hand surgeon is medically necessary. From ACOEM page 270, Forearm, Wrist and Hand Complaints, the following is stated: "referral for hand surgery consultation may be indicated for patients who: have red flags of a serious nature, fail to respond to conservative management, including work site modifications, have 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." Thus, the patient is noted to have red flags of a serious nature and referral to hand surgery is medically necessary. Therefore, left wrist orthopedic consultation is medically necessary.

Left wrist Orthopedic Treat (Unspecified) RFA (Radio FrequencyThermoAblation): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: The patient is a 52 year old male with signs and symptoms of cervical radiculopathy and severe left carpal tunnel syndrome supported by electrodiagnostic studies. An MRI of the neck appears to be pending, ordered based on the findings on examination and electrodiagnostic studies. Based on the entirety of the medical record provided for review, specific treatment recommendations are premature. From ACOEM page 270, Forearm, Wrist and Hand Complaints the following is stated: "Referral for hand surgery consultation may be indicated for patients who: have red flags of a serious nature, fail to respond to conservative management, including work site modifications, have 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." Thus, the patient is noted to have red flags of a serious nature and referral to hand

surgery is medically necessary. However, this consultation should be responsible for treatment recommendations. Results of the MRI of the neck are necessary to further define the exact patient condition and to guide further treatment. Therefore, specific treatment is not medically necessary at this time, which is consistent with the utilization review. There is no evidence that the surgeon is requesting radiofrequency ablation.