

Case Number:	CM14-0109440		
Date Assigned:	08/01/2014	Date of Injury:	08/09/2012
Decision Date:	10/27/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/15/2014

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 Internal Medicine and is licensed to practice in California. 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 32 years old male, whose date of injury is 08/09/12, with complains of bilateral wrist pain due to repetitive work. Per doctor's first report of occupational injury or illness dated 05/20/14, physical examination revealed "bilateral wrist Whssy 1 TTP Flex/Ext Tendens." Diagnosis is wrist strain, carpal tunnel syndrome. Treatment rendered has included physical therapy 3x4weeks, NCV/EMG bilateral upper extremities, MRI right wrist, MRA left wrist, X-rays bilateral wrists, cardio respiratory. Bilateral wrist braces were requested. The only other clinical data submitted for review is a partial AME report dated 12/10/13, but the first 9 pages of the report were not included. The records indicate that the injured worker is status post left carpal tunnel release on 03/20/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardio respiratory consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary (updated 02/24/214) Office visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 503

Decision rationale: Per ACOEM guidelines a referral for consultation may be indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. There is no clinical data regarding the injured worker's mechanism of injury or current condition that would necessitate a cardio respiratory consult. As such, medical necessity is not established for cardio respiratory consult.