

Case Number:	CM14-0010351		
Date Assigned:	02/21/2014	Date of Injury:	07/01/2010
Decision Date:	07/17/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/24/2014

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, North Carolina, and Virginia. 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 54 year old male with a reported date of injury on 7/1/10. Documentation from 6/5/13 notes follow-up of his right shoulder surgery. The patient complains of right hand numbness that affect his ability to use the hand. Plan is for the patient 'to continue treatment with the hand specialist who has recommended surgery to the right hand.' Documentation from 7/8/13 orthopaedic hand specialist notes findings consistent with right carpal tunnel syndrome and recommendation for electrodiagnostic studies. Documentation from 8/15/13 and 9/26/13 from the treating orthopedic surgeon notes follow-up of shoulder surgery. Recommendation is for continued treatment by hand specialist, who recommended xrays, neurology consultation and electrodiagnostic studies. Agreed medical reevaluation from 8/19/13 notes flexion contracture of right index and middle finger. Assessment is that electrodiagnostic studies are indicated. MRI report of the right hand notes 'considerable healing of the second middle phalangeal fracture' and 'no change in third mallet finger.' Electrodiagnostic studies from 11/11/13 note peripheral neuropathy, right subscapular neuropathy, bilateral median neuropathy at the wrist. On 11/14/13 a request was made for 're-evaluation and continued treatment with hand specialist.' Documentation from 11/14/13 notes follow-up of right shoulder surgery. Recommendation is made for continued treatment with the hand specialist. Documentation from 1/2/14 notes continued follow-up of the right shoulder and 'remains in treatment' with the hand specialist. Utilization review dated 1/8/14 did not certify re-evaluation and continued treatment with a hand specialist. It was modified to hand specialist consultation only. Reasoning give was that a consultation is necessary and further treatment and care would be dependent on the evaluation findings. The reviewer stated that he had 'spoke with the treating provider and he believes the patient will require carpal tunnel release and requests referral to a hand specialist for treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

RE-EVALUATION AND CONTINUED TREATMENT WITH HAND SPECIALIST:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Independent Medical Exams and Consultations.

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

Decision rationale: The patient is a 54 year old male with signs and symptoms of right carpal tunnel syndrome, confirmed by electrodiagnostic studies. Based on ACOEM, it is medically necessary to refer to a hand specialist for surgical consideration. From Chapter 11, page 270: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 worksite 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 Carpal tunnel surgery for well-documented carpal tunnel syndrome is consistent with ACOEM guidelines and thus qualifies for referral for hand specialist consultation. The patient had previously seen the hand specialist on July 18, 2013. No further documentation from this physician was contained in the documentation for this review. Electrodiagnostic studies had been performed since that time. Thus, reconsultation by the hand specialist is indicated and as stated in the utilization review, further treatment would depend on this evaluation. This was also discussed, per the utilization review, with the treating provider. Thus, reevaluation and continued treatment by a hand specialist is not be medically necessary and appropriate.