

Case Number:	CM14-0010651		
Date Assigned:	02/21/2014	Date of Injury:	01/27/2013
Decision Date:	08/01/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/27/2014

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 Orthopedic Surgery 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 patient is a 44-year-old male who has submitted a claim for left and right hand sprain/strain and bilateral carpal tunnel syndrome associated with an industrial injury date of 01/27/2013. Medical records from 01/27/2013 to 01/15/2014 were reviewed and showed that patient complained of bilateral wrist pain graded 8/10 with numbness, tingling, and burning sensation. Physical examination revealed tenderness over the bilateral wrists. Hypoesthesia on the median nerve distribution of bilateral hands was noted. Decreased wrist ROM was noted. Tinel's and Phalen's tests on bilateral wrists were positive. MRI of the left wrist dated 09/01/2013 revealed increased risk for carpal tunnel syndrome. MRI of the right hand dated 08/27/2013 revealed increased risk for carpal tunnel syndrome and extensor carpi radialis longus and brevis tenosynovitis. EMG-NCV studies dated 05/17/2013 revealed bilateral carpal tunnel syndrome. Treatment to date has included cortisone injection to right wrist, physical therapy, home exercise program, and pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

A referral to orthopedic consultation: 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- Independent Medical Examinations and Consultations, pages 127 & 156.

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) Independent Medical Examinations and Consultations Chapter 7, pages 127 and 156.

Decision rationale: As stated on pages 127 and 156 of the ACOEM Independent Medical Examinations and Consultations Guidelines, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the patient has been under the care of an orthopedic surgeon for the management of carpal tunnel syndrome since 05/01/2013. There is no discussion as to why a new referral to orthopedic consultation is being requested. Therefore, the request for referral to orthopedic consultation is not medically necessary.