

Case Number:	CM14-0128363		
Date Assigned:	09/23/2014	Date of Injury:	11/02/2012
Decision Date:	10/27/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/12/2014

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:

47 year old male claimant with an industrial injury dated 11/02/12. The patient is status post an endoscopic carpal tunnel release, right ulnar nerve in situ release and transfer of subcutaneous flap right elbow dated 03/19/14. Exam note 05/30/14 states the patient returns with a well healed area from the surgery, but reports not significant improvement. The patient complains of pain, numbness, burning and cramping in the hand. The patient is currently taking Percocet to aid with pain relief, and started hand therapy. The deep aching, throbbing pain in the entire right hand is affecting his daily routine. The patient lacked sensation that travels from the elbow to the hand upon physical examination. The patient demonstrates full range of motion and wrist range of motion is normal. Light stroke sensory testing is decreased in the thumb, index, and fifth finger but it has improved overall. Diagnosis is noted as lesion of ulnar nerve. Exam note 07/24/14 the patient returns with significant pain and numbness in the hand. Physical findings are the same along with diagnosis. Treatment includes a Home Tens Unit 30 day's trial, and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: 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. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits and, especially, expectations are very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. In this case the exam note from 7/24/14 does not demonstrate any evidence of red flag condition or clear lesion shown to benefit from surgical intervention. Therefore the determination is not medically necessary.