

<b>Case Number:</b>	CM14-0139544		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	04/22/2013
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 Family Practice and is licensed to practice in Texas and Mississippi. 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 52-year-old male who reported an injury on 04/22/2013. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of status post left thumb CMC arthroplasty with Palmaris longus tendon graft and left de Quervain's release. Past medical treatment consists of occupational therapy, physical therapy, home exercise program, and medication therapy. On 04/05/2014, the injured worker underwent an MRI of the left thumb without contrast. Findings revealed postoperative changes evident to a carpometacarpal articulation at the thumb base which had an intact postoperative appearance. On 08/05/2014, the injured worker complained of left thumb pain. Physical examination revealed that pain rate was 4/10 to 5/10. The incision site and pin site were all healed with slight swelling and tenderness on the left thumb. Slight active flexion IP and MP. MP motion was 0/25. Full motion of fingers. There was tenderness to palpation over radial tunnel. There was a slight decrease in sensation around incision and radial thumb. Otherwise, motor sensory examination of the left upper extremity was normal. The treatment plan is for the injured worker to undergo a consultation to discuss treatment for the left radial tunnel syndrome, left wrist, and left hand. It was noted in the progress report that the injured worker had not reached maximal medical improvement. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation and Treatment for Left Radial Tunnel Syndrome, Left Wrist, Left Hand:**  
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 Examinations and Consultations Page 127

**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) Consultation Chapter 6, page 163.

**Decision rationale:** The request for Consultation and Treatment for Left Radial Tunnel Syndrome, Left Wrist, and Left Hand is not medically necessary. The American College of Occupational and Environmental Medicine Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. There was no clear rationale to support the consultation. It was noted in the progress note dated 08/05/2014 that the injured worker had slight sensory deficit, tenderness upon palpation. However, it was also noted that the injured worker had full motion of the fingers and sensory examination of the left upper extremity was within normal limits. Given the above, the injured worker is not within the ACOEM/MTUS recommended guidelines. As such, the request for Consultation and Treatment for Left Radial Tunnel Syndrome, Left Wrist, and Left Hand is not medically necessary.