

Case Number:	CM14-0152827		
Date Assigned:	09/23/2014	Date of Injury:	05/28/2013
Decision Date:	12/18/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/18/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in New Jersey. 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 61-year-old male who reported an injury on 05/18/2013 due to an injury that involved driving a truck, holding onto the steering wheel too hard. The diagnoses included shoulder joint pain, cervical spine spondylosis with myelopathy, cervical herniated nucleus pulposus, lumbar herniated nucleus pulposus, cervical spinal stenosis, cervicgia, sprain/strain to the coracoclavicular ligament, sprain of rotator cuff, cervical myofascial sprain/strain, lumbar myofascial strain/sprain, and carpal tunnel syndrome. The diagnostics included an unofficial EMG/nerve conduction study dated 05/05/2014. The nerve conduction study of the upper extremities revealed severe motor medial neuropathy across the wrists bilaterally, worse on the right, normal bilateral ulnar sensory nerve study without electrodiagnostic evidence of ulnar neuropathy across the wrist or elbow. Normal bilateral radial sensory and motor nerve conduction study without electrodiagnostic evidence of a 4A radial neuropathy. The medication included Norco, Prilosec, and Ibuprofen, amlodipine, hydralazine and losartan. The objective findings dated 07/21/2014 of the hand/wrist revealed the left hand incomplete full grip of the index finger and ring finger with tenderness over the A1 pulley. ftp distance was 1cm. The request for authorization was not submitted within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluate and treat bilateral hand/wrist for carpal tunnel: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The request to evaluate and treat bilateral hand/wrist for carpal tunnel is medically necessary. The California MTUS/ACOEM indicate that referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, failure to respond to conservative management including work site 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 and wrist complaints. When surgery is considered, counseling regarding likely outcomes, risks, and benefits, and especially expectations, is very important. If there is no clear indication for surgery, referring the patient to physical medicine practitioner may aid in formulating the treatment plan. The clinical documentation does indicate that the patient has electrodiagnostic evidence of carpal tunnel syndrome. Evaluation and treatment of the condition prior to a more invasive neck surgery would be indicated in this clinical situation. As such, the requested evaluation and treatment of the bilateral hand/wrist for carp tunnel is medically necessary.