

<b>Case Number:</b>	CM14-0154337		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	07/23/1996
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 claimant is a 63-year-old female who sustained injuries to the neck, low back, and bilateral carpal tunnels as a result of a work related accident on 07/23/96. The records also documented that the claimant developed "hypertension" since the injury. The clinical progress report dated 08/27/14 documented a diagnosis of bilateral carpal tunnel syndrome for which examination showed painful range of motion with tenderness. There were no other physical findings documented. Specific to the claimant's bilateral wrists and upper extremities, there is no documentation of recent treatment, imaging and/or electrodiagnostic studies. This review is for a request for referral back to a "hand surgeon" for the claimant's left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to hand surgeon for the left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand

**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); Chapter 7 Independent Medical Examinations and Consultations, page 127

**Decision rationale:** The ACOEM Guidelines state that referrals and consultations may take place if the specialist determines a diagnosis that is uncertain or of a complex nature or the plan or course of care may benefit from additional expertise, there is documentation of current physical examination findings, imaging or electrodiagnostic study in this case that would support the need for a hand surgeon referral. In the absence of documentation of a clearer clinical picture of the claimant's left wrist and upper extremity complaints, the consultation in question would not be supported. Based on California MTUS ACOEM Guidelines, the request for referral to a hand surgeon for the left wrist is not recommended as medically necessary.