

Case Number:	CM14-0170057		
Date Assigned:	10/20/2014	Date of Injury:	10/18/2013
Decision Date:	12/30/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/15/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 48-year-old female who has submitted a claim wrist and hand sprain / strain, right carpal tunnel syndrome and lateral epicondylitis associated with an industrial injury date of 10/18/2013. Medical records from 2014 were reviewed. The patient complained of right hand pain, numbness and tingling sensation. There was also nocturnal exacerbation of symptoms. She initially had similar symptoms at the left hand, but currently resolved. Physical examination showed positive Tinel's test, positive Phalen's test, normal muscle bulk and tone, normal motor strength, normoreflexia, and intact sensation. EMG/NCV (undated) demonstrated a moderate right carpal tunnel syndrome with no axonal involvement. Treatment to date has included open right carpal tunnel release on 9/15/2014, massage and hand therapy, acupuncture, Ambien, Elavil, Gabapentin, And Trazodone. The utilization review from 9/24/2014 denied the request for referral to pain management, evaluate and treat because the records did not specify whether carpal tunnel surgery was accomplished and its outcomes to substantiate the need for this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral To Pain Management For Evaluation and Treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 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) Chapter 7, Independent Medical Examinations and Consultations, page 127

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, the patient complained of right hand pain, numbness and tingling sensation. There was also nocturnal exacerbation of symptoms. Physical examination showed positive Tinel's test, positive Phalen's test, normal muscle bulk and tone, normal motor strength, normoreflexia, and intact sensation. EMG/NCV (undated) demonstrated a moderate right carpal tunnel syndrome with no axonal involvement. Symptoms persisted despite massage and hand therapy, acupuncture, Ambien, Elavil, Gabapentin, and Trazodone; hence, the patient underwent open right carpal tunnel release on 9/15/2014. However, medical records submitted and reviewed failed to provide documentation concerning surgical outcomes. The most recent progress report available is dated 8/5/2014 - a pre-operative note. Moreover, there is no documented rationale for the request. There is no indication of failure of current therapies for the patient's pain problems, which may warrant a referral to a pain management specialist. Therefore, the request for Referral To Pain Management For Evaluation and Treatment is not medically necessary.