

Case Number:	CM14-0172109		
Date Assigned:	10/23/2014	Date of Injury:	10/03/2012
Decision Date:	12/04/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/17/2014

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, has a subspecialty in Hand Surgery, and is licensed to practice in South Carolina and 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 injured worker is a 50-year-old female who reported injury on 10/03/2012. The mechanism of injury occurred when a 22 pound box fell on her right hand. Current diagnoses include cervical radiculopathy and cervical spine stenosis. Previous treatment history included epidural steroid injections, acupuncture therapy, chiropractic services and physical therapy sessions. An MRI of the cervical spine was obtained on 09/10/2003. She was noted to have mild degenerative disc disease and spondylosis in the mid cervical spine with a C6-7 central disc protrusion with a small inferior extending extrusion and a small C3-4 disc protrusion. On 05/19/2014, the injured worker reported pain in the neck, back and both arms that radiated into the shoulders and ongoing neck pain with tingling to both upper arms to the fingers. She was having stabbing pain in her wrists and palms bilaterally with associated swelling noted in the fingers. Examination showed sensory loss on the right at C5-C8 with a positive Spurling's test. The injured worker was advised to be seen on an as-needed basis for pain medications with periodic treatments as necessary. Medications include Norco 5/325 mg, Norflex ER 100 mg, Terocin patches every day, and Lidopro cream. She reported that patches helped decrease her pain and improve her ability to sleep. The treatment plan included a request for upper extremity consult of the bilateral hand/wrist. Rationale was not provided. The Request for Authorization form was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Upper extremity consult bilateral hand/wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Office Visit.

Decision rationale: The request for upper extremity consult bilateral hand/wrist is not medically necessary. The Official Disability Guidelines recommend office visits as determined to be medically necessary based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines require close monitoring. However, as patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The injured worker presented with symptoms of neck and upper extremity pain. She was noted to be taking medications, including an opioid medication. Therefore, routine follow-up visits may be appropriate for medication management. However, this request did not specify the type of consult needed or a detailed history of failed conservative measures to warrant a referral to a specialist. Due to the lack of documentation that was submitted for this review, the request for an upper extremity consult bilateral hand/wrist is not supported. As such, the request is not medically necessary.