

Case Number:	CM14-0192254		
Date Assigned:	11/26/2014	Date of Injury:	10/23/2012
Decision Date:	01/12/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/18/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic mid back pain, wrist pain, and knee pain reportedly associated with an industrial injury of October 23, 2012. In a Utilization Review Report dated October 21, 2014, the claims administrator partially approved a request for an orthopedic consultation and treatment (AKA referral) as an orthopedic follow-up visit with the applicant's former hand surgeon. The claims administrator suggested that the applicant return to the previous hand surgeon as opposed to consulting a second hand surgeon. Both the MTUS Guidelines in ACOEM Chapter 11 and non-MTUS Guideline in ACOEM Chapter 7 were employed. The applicant's attorney subsequently appealed. In a December 25, 2014 progress note, the applicant reported persistent, multifocal complaints of knee, wrist, and mid back pain with attendant sleep disturbance. Physical therapy was sought. The applicant's work status was not clearly outlined. In a June 17, 2014 progress note, the applicant reported stiffness about the wrist status post earlier carpal tunnel release surgery. Physical therapy for desensitization, range of motion, and strengthening purposes was endorsed. The applicant's work status, once again, was not clearly outlined. In a September 20, 2014 progress note, the primary treating provider (PTP) stated that he was seeking authorization for follow-up visit with an orthopedic hand surgeon on the grounds that the applicant had residual complaints of numbness, tingling, weakness, and difficulty gripping, grasping, pushing, and pulling about both on the surgically operated upon the right wrist and the left wrist. The applicant had undergone a carpal tunnel release surgery on April 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consult and treatment with [REDACTED]: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations

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

Decision rationale: As noted in the California Medical Treatment Utilization Schedule (MTUS)-adopted American College of Occupational and Environmental Medicine (ACOEM) Guidelines in Chapter 11, page 270, referral for hand surgery consultation is indicated in applicants who have clear clinical and/or special study evidence of a lesion amenable to surgical correction who failed to respond to conservative management, including work site modifications. Here, the applicant has seemingly failed both operative and nonoperative treatment for issues of right hand carpal tunnel syndrome. Physical therapy and an earlier carpal tunnel release surgery did not ameliorate the applicant's ongoing complaints of hand pain with associated numbness, tingling, and paresthesias. Pursuing an orthopedic hand surgery consultation and treatment (AKA referral), thus, is indicated. Therefore, the request is medically necessary.