

Case Number:	CM14-0020589		
Date Assigned:	04/30/2014	Date of Injury:	05/06/2008
Decision Date:	07/08/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/19/2014

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 36-year-old female who was injured in a work related accident on May 6, 2008. The records provided for review included a progress report of January 15, 2014 that documented the claimant had continued complaints of neck pain, lateral elbow pain, numbness to the digits and thumbs. Objectively there was restricted lumbar range of motion, negative shoulder impingement signs, positive tenderness to the right lateral epicondyle at the elbow and a mildly positive grip and lift test. Examination of the right wrist revealed a positive Tinel's and the left wrist had a negative Tinel's sign. The report of an MRI of the cervical spine showed disc bulging at C4-5 and C5-6 with no neurologic impingement and postsurgical changes noted from the C5 through C7 region. The electrodiagnostic studies showed median nerve impingement, left greater than right, consistent with carpal tunnel syndrome, but no evidence of cervical radiculopathy. The claimant was referred back to her spine surgeon, [REDACTED] for further discussion regarding operative intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFER BACK TO SPINE SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator 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, 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, 127.

Decision rationale: The California ACOEM Guidelines would not support consultation with a spinal surgeon. The medical records indicate the claimant's clinical picture is consistent with carpal tunnel syndrome with recent physical examination findings failing to demonstrate any degree of radicular process. This is also supported by the fact the electrodiagnostic studies are negative for radiculopathy. The documentation for review does not support that the claimant's current clinical presentation requires surgical intervention for the spine. Therefore, referral to a spine surgeon would not be supported as medically necessary.