

Case Number:	CM14-0026831		
Date Assigned:	06/13/2014	Date of Injury:	07/22/1996
Decision Date:	07/17/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/03/2014

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 Emergency 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:

Patient with reported date of injury on 7/22/1996. Mechanism of injury reported to be due to a box falling on the pt leading to injury to R shoulder, R wrist and R arm. Pt has a diagnosis of displacement lumbar disc with myelopathy, lumbar spine stenosis, lumbar radiculopathy, cervalgia, post-laminectomy syndrome, myalgias, shoulder pain, carpal tunnel syndrome, headache and gastritis. Pt is post R carpal tunnel release, radial tunnel and cubital tunnel surgery- Date of surgeries were not provided. Multiple medical reports reviewed from primary treating physician and consultants. Last report available until 5/27/14. Most of the reports involve headache, neck and low back pain complaints. First note from primary treating physician from 1/28/14 is the only note that mentions anything about a referral to orthopedics for hand complaints. Multiple other notes up to 5/27/14 does not mention anything about the hand or wrist complaint. On the report on 1/28/14, there is no documented wrist or hand complaint on that visit on presenting complaint. The only section that mentions R wrist/hand complaint is in the disposition section. Section states that pt has R wrist and hand pain. It notes cubital tunnel and carpal tunnel surgery. The referral is to, "...evaluate her right hand, to see if anything can be done." Objective exam of hand/wrist on that visit is absent except for decreased sensation on R side from C5-7 distribution. MRI of Cervical spine and lumbar spine were provided but are not relevant to this review. No imaging or advance studies of the affect R hand/wrist were provided. Pt has ongoing home exercise program, heat to site (back) and stretching program. Pt is reportedly on norco, topamax, Nizanidine, Omeprazole, Relpax, nexium, gabapentin, senna, hydroxyzine, Flector patch, paxil, alprazolam, clonazepam, fenofibrate and certirizine. Utilization review is Orthopedic Hand Specialist evaluation for R hand and wrist. Prior UR on 1/30/14 recommended non-certification. UR reports attempts to reach treating physician for information was not successful.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOPEDIC HAND SPECIALIST EVALUATION OF RIGHT HAND AND WRIST:

Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-254.

Decision rationale: As per ACOEM guidelines, it states that most hand and wrist problems can be handled and managed by an occupational or primary care physician. Recommendation for referral to a specialist include "red flag" findings that may lead to limb loss or loss of function or persistent pain for over 4-6 weeks despite treatment. The primary treating physician has not provided any documentation to support a referral to a specialist. There is no complete exam of the wrist and hand and there is no history of attempted treatment or intervention. The documentation does not even state if this complaint is chronic or acute and multiple follow up notes do not mention this complaint. There is no indication for referral to a specialist and is therefore not medically necessary.