

Case Number:	CM14-0030901		
Date Assigned:	06/20/2014	Date of Injury:	07/09/2012
Decision Date:	09/17/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/11/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 sustained a work injury on 07/09/12 while working as a driver of a pickup truck. He lost control of the vehicle and the truck overturned and rolled down a hill. There was loss of consciousness lasting for approximately 4 hours. He was admitted for acute care for approximately 7 days. He sustained a head laceration, T4 compression, fracture, and C7 spinous process fracture. He was at temporary total disability for approximately 4 months and then returned to work on 10/10/12 with restrictions. Treatments have included physical therapy, medications, and psychological. EMG/NCS testing on 07/25/13 showed an acute C5-6 with radiculopathy with mild left carpal tunnel syndrome. He was seen for an orthopedic evaluation on 11/18/13 with left upper extremity wrist and hand pain, numbness, tingling, and weakness. Diagnoses included left carpal tunnel syndrome, left DeQuervain disease with intersection syndrome, and a left flexor carping radialis tendinitis. An MRI of the cervical spine on 11/27/13 showed findings of multilevel disc protrusions with right lateralized foraminal narrowing at C5-6. He was seen for a pain management evaluation on 12/07/13. He was having radicular pain into the left upper extremity with weakness. He was seen by the requesting provider on 02/11/14. There had been a moderate improvement in symptoms. He had been seen by an orthopedist and no surgery had been recommended. He had decided against undergoing injections. Physical examination findings included an improved mood. He was able to transition positions but had stiffness. He was not having any medication side effects. On 03/12/14 he had left wrist numbness and tingling. Authorization for cortisone injections had been denied. On 05/27/14 he was having ongoing upper extremity numbness, tingling, pain, and weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consultation follow up with hand surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (Acute & Chronic): Treatment Planning, and on the Non-MTUS American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

Decision rationale: The claimant is more than 2 years status post work-related injury with significant multitrauma. He continues to be treated for left upper extremity symptoms including carpal tunnel syndrome diagnosed both clinically and by EMG/NCS testing. He has seen an orthopedist and injections and surgery were declined. In this case, Guidelines outline alternative treatments for this condition that could be managed by the primary treating provider. In terms of the requested orthopedic follow-up consultation, Guidelines recommend consideration of a consultation if clarification of the situation is necessary. The claimant has already been evaluated by an orthopedist including discussion of surgery and injections. The claimant's condition has not changed and therefore another orthopedic evaluation for the same problem was not medically necessary.