

<b>Case Number:</b>	CM14-0035725		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	11/10/2010
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 patient is a 54-year-old female who sustained a work related injury to her right wrist on November 10, 2010. Seven months later the patient underwent surgery for De Quervain's release, tenosynovectomy of the first dorsal compartment, partial synovectomy and debridement of a triangular fibrocartilage complex (TFCC) tear. However, the patient continued to complain of right wrist symptomatology, resulting in the obtainment of an upper extremity nerve conduction study on April 30, 2013, that demonstrated electrophysiologic evidence of mild bilateral median sensory nerve neuropathy consistent with mild bilateral carpal syndrome. However, an electromyography study performed during the same testing session found the patient had a normal study of the bilateral upper extremities. A magnetic resonance imaging (MRI) of the right wrist without contrast obtained on June 10, 2013 found no evidence of De Quervain's tenosynovitis, but still a joint effusion within the distal radio ulnar joint and a small central perforation of the radial aspect of the triangular fibrocartilage complex (TFCC) cannot be excluded. In dispute is a decision for a neuro consult.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neuro consult:** Upheld

**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, page 92, 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, , page(s) 127.

**Decision rationale:** The ACOEM guidelines delineates obtaining a referral to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, permanent residual loss and/or the examinee's fitness for return to work. As is written, the request is for a Neuro consultation. This denotes the requesting physician is asking for a neurology consultation. However, it may also denote requesting a neurosurgical consultation as documented on the Utilization Review request. This is more than mere semantics. Although both deal with the nervous system, they are radically different in their approach to care. A clear expression of which specialty needs made is needed to make a proper determination of the request at hand. Unfortunately, the request, as it is currently written, is not medically necessary.