

Case Number:	CM14-0055158		
Date Assigned:	07/07/2014	Date of Injury:	09/15/2011
Decision Date:	08/27/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/24/2014

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 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:

Patient is a 43 year-old female with date of injury 09/15/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/11/2014, lists subjective complaints as pain in the bilateral hands and wrists. Patient is status post right carpal tunnel release performed on 07/17/2012. Objective findings: Examination of the bilateral hands revealed some swelling grossly on both the right and left fingers which are very tender to palpation. Range of motion was 10-20% of her flexion and extension of the right and left wrists. Strength was 4/5 bilaterally for grip. Diagnosis: 1. Status post carpal tunnel release 2. Continued CPRS type 1 bilaterally for the hands and wrists 3. Right and left hand pain 4. The injured worker also had dysesthesias on the right and left hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral second opinion consult with [REDACTED] evaluate for FRP, bilateral wrist/hand QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 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 132.

Decision rationale: According to the MTUS, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation does support a referral request. As a result, the request is deemed not medically necessary.