

Case Number:	CM14-0058406		
Date Assigned:	07/09/2014	Date of Injury:	07/05/2013
Decision Date:	09/09/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	04/29/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for hand, wrist, and elbow pain reportedly associated with an industrial injury of July 5, 2013. In a Utilization Review Report dated April 24, 2014, the claims administrator partially certified a request for evaluation and unspecified treatment by an orthopedic hand surgeon for the right biceps, forearm, and wrist at an evaluation by said orthopedic surgeon alone, invoking non-MTUS Chapter 7 ACOEM Guidelines in its decision. The applicant subsequently appealed. On April 29, 2014, the applicant presented with persistent complaints of arm and hand pain, reportedly associated with cumulative trauma from repetitive lifting at work. The applicant stated that his contralateral left arm had been injured as a result of compensating for the previous injured right arm. A rather proscriptive 7-pound lifting limitation was endorsed. A thumb spica support was also sought. A consult/referral was ordered. In a February 10, 2014 orthopedic hand surgery consultation, the applicant presented with right arm, hand, and elbow pain. Well preserved bilateral grip strength over 80 pounds in each hand were noted. The attending provider suggested that the applicant could consider iontophoresis of the distal biceps tendon and/or electrodiagnostic testing. No further appointments were made. Electrodiagnostic testing of March 18, 2014 was notable for right-sided carpal tunnel syndrome, moderate to severe.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unspecified treatment by Orthopedic Hand Surgeon for Right Biceps, forearm, and wrist:
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 Environmental Medicine- Occupational Medicine Practice Guidelines, 2nd Edition, 2004 Page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7, page 272.

Decision rationale: It is not clearly stated what service or services this article represents. While the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 273 does recommend early surgical intervention for severe carpal tunnel syndrome confirmed by nerve conduction testing, as is present here, in this case, however, the attending provider did not clearly state what service or services are being sought. It is not clear what the unspecified treatment in question represents. Therefore, the request is not medically necessary.