

Case Number:	CM14-0170146		
Date Assigned:	10/20/2014	Date of Injury:	10/26/2004
Decision Date:	02/09/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/15/2014

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 Orthopedic Surgery, has a subspecialty in Sports 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 injured worker is a 55-year-old female who reported an injury on 10/26/2004. The mechanism of injury was cumulative trauma. Her diagnoses include severe carpal tunnel syndrome to the left hand and recurrent carpal tunnel syndrome to the right hand. Past treatment was noted to include a previous shoulder surgery. On 01/07/2014, an electrodiagnostic study of the bilateral upper extremities was performed and revealed bilateral median sensory conduction was abnormal. It was noted the injured worker had right shoulder surgery "a few years ago." On 09/16/2014, it was noted the injured worker had pain to her wrists and hands bilaterally, as well as the right shoulder. She indicated that her right shoulder "hurts again, much as it did before her surgery." Upon physical examination, it was noted the injured worker had full range of motion to her shoulders, though she is guarded and it is painful on the right side. Impingement sign was mildly positive on the right side. It was indicated Tinel's sign and median nerve compression sign were positive at the median nerves at the bilateral wrists. Medications were not included in the report. The treatment plan was noted to include left carpal tunnel release and consultation/followup evaluation with [REDACTED]. A request was received for consult with an orthopedic surgeon without a rationale. The Request for Authorization was signed 09/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with an orthopedic surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits

Decision rationale: The request for Consult with an Orthopedic Surgeon is medically necessary. According to the California MTUS/ACOEM Guidelines, referrals may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above or has difficulty obtaining information or agreement to a treatment plan. The Official Disability Guidelines state that office visits are recommended to be medically necessary based on review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The clinical documentation submitted for review indicated the injured worker had an abnormal electrodiagnostic study bilaterally and had similar pain to her right shoulder as it presented itself before surgery. As it is evident that the injured worker had concerns, signs and symptoms, clinical instability, and reasonable physician judgment, the request is supported by the evidence based guidelines. As such, the request for consult with an orthopedic surgeon is medically necessary.