

Case Number:	CM14-0189979		
Date Assigned:	11/21/2014	Date of Injury:	12/12/2011
Decision Date:	05/05/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Maryland, District of Columbia
 Certification(s)/Specialty: Internal Medicine

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 with an industrial injury dated 12/12/2011. Her diagnosis was hand pain. Prior treatments include electro diagnostic studies and medications. Progress note dated 10/14/2014 noted the injured worker was complaining of right upper extremity symptoms becoming increasing severe to the point she felt like she was unable to do gripping and grasping. She was also experiencing problems with her left arm. The treating physician notes the trigger point and tenderness combined with the presence of electro diagnostically proven carpal tunnel syndrome create a mixed pattern of injury. The provider also notes the injured worker would be benefited by referral to hand therapy and requested authorization for a surgical consultation (left wrist) and for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical Consultation for Left Wrist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Office visits, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: The employee sustained an industrial injury while driving the car. Prior treatment included chiropractic therapy which was not helpful, psychotherapy, Naproxen and Celebrex. According to the progress note from 10/14/14, she had electrodiagnostic evidence of carpal tunnel syndrome on the left side. She had pain in her left wrist, left forearm, arm and shoulder. She had evidence of normal cervical range of motion and normal elbow, wrist and hand range of motion. She had a positive Tinel's sign on the left elbow and the left wrist. She had a negative Phalen's test and had nondermatomal dysesthesias. Her diagnoses included carpal tunnel syndrome. A request was sent for surgical consultation for left wrist and physical therapy 12 sessions of left hand. According to ACOEM guidelines, the chapter on hand and wrist complaints, hand surgery consultation may be indicated for patients who have red flags of serious nature, fail to respond to conservative management, including work site modifications and have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. The employee had ongoing pain in her left wrist after an injury sustained almost 3 years prior to the visit. She also had positive Phalen's test and electrodiagnostic test suggestive of carpal tunnel syndrome. She had failed to improve after conservative measures and hence a referral to hand surgery consultant is medically necessary and appropriate.

Physical Therapy times 12 sessions Left Hand: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical/Occupational Therapy Guidelines, Forearm, Wrist and Hand Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm and wrist, physical therapy.

Decision rationale: The employee sustained an industrial injury while driving the car. Prior treatment included chiropractic therapy, which was not helpful, psychotherapy, Naproxen and Celebrex. According to the progress note from 10/14/14, she had electrodiagnostic evidence of carpal tunnel syndrome on the left side. She had pain in her left wrist, left forearm, arm and shoulder. She had evidence of normal cervical range of motion and normal elbow, wrist and hand range of motion. She had a positive Tinel's sign on the left elbow and the left wrist. She had a negative Phalen's test and had nondermatomal dysesthesias. Her diagnoses included carpal tunnel syndrome. A request was sent for surgical consultation for left wrist and physical therapy 12 sessions of left hand. According to ODG, up to 12 weeks of physical therapy visits are recommended for tenosynovitis. The employee had evidence of wrist, elbow, arm and forearm pain. She had positive trigger and carpal tunnel syndrome. Given the absence of documentation of any prior physical therapy, the request for 12 visits of physical therapy is medically necessary and appropriate.