MAXIMUS Federal Services

Case Number:	CM14-0190087		
Date Assigned:	11/21/2014	Date of Injury:	08/01/2013
Decision Date:	01/09/2015	UR Denial Date:	11/07/2014
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. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Texas. 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 32-year-old female who reported an injury on 08/01/2013. The injured worker underwent an MRI of the left wrist without contrast on 01/15/2014 which revealed a negative MRI of the left wrist. The mechanism of injury was blunt trauma. The injured worker was hit by a piece of machinery at work. Diagnosis was brachial neuritis or radiculitis NOS. The surgical history was noncontributory. Other therapies included acupuncture. The injured worker was noted to have seen a hand surgeon on 03/06/2014. The documentation of 10/22/2014 revealed the injured worker had complaints of burning left wrist and hand pain. The pain was constant and moderate to severe. The injured worker indicated the pain was a 7/10. The pain was aggravated by gripping, grasping, reaching, pulling and lifting. The injured worker complained of numbness, weakness, tingling, and pain radiating into the left hand and fingers. There was tenderness to palpation over the carpal bones and over the thenar and hypothenar eminence. The injured worker had decreased range of motion in the left hand as 50 degrees on flexion and extension, 15 degrees of radial deviation, and 25 degrees of ulnar deviation. Sensation to pinprick and light touch was slightly diminished over C5-C8 and T1 dermatomes in the bilateral upper extremities. Motor strength was 4/5 in all the represented muscle groups in the bilateral upper extremities. Deep tendon reflexes were 2+ and symmetrical in the bilateral upper extremities. The diagnoses included left wrist/hand tenosynovitis. The treatment plan included continuation of treatment with the acupuncturist. Additionally, the request was made for physiotherapy and chiropractic treatment. The medications included Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, and Ketoprofen cream. Additional treatments were noted to include a request for shockwave therapy. There was no Request for Authorization submitted for review. There was no documented rationale for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with [redacted]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127 and on the Non-MTUS Campbell's Operative Orthopaedics, 12th edition/ 2013, S. Terry Canale, MD and James H Beaty MD and on the Non-MTUS Occupational Hand & Upper Extremity Inuries and Diseases, Morton L, Kasdan; MD, Occupational & Environmental Medicine, 2nd Ed. 1998 and on the Non-MTUS Green's Operative Hand Surgery, 6th edition, copyright 2011, Scott Wolfe MD, Robert Hotkiss MD, William Pederson MD, Scott Kozi

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that a surgical consultation may be appropriate for injured workers who have red flags of a serious nature, failure to respond to conservative management, including work site modifications and who have clear clinical and special studies evidence of a lesion that has been shown to benefit in both the short and long term from surgical intervention. The request as submitted was not noted to be for an orthopedic hand surgeon, however, the associated documentation indicated the request had been made for a hand surgeon. The clinical documentation submitted for review additionally indicated the injured worker had previously seen a hand surgeon. There was a lack of documentation indicating the injured worker had a new injury and had an inability to return to the same hand surgeon that had seen the injured worker in 03/2014. There was a lack of documentation of a failure of conservative management. There was a lack of documentation of clear clinical and special study evidence to support the necessity for surgical intervention and therefore as such, support a consultation. The request as submitted failed to indicate the specialty that was being requested for the consultation. Given the above, the request for consultation with [redacted] is not medically necessary.