

<b>Case Number:</b>	CM14-0206819		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	10/22/2011
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This individual is a 53 year old female who sustained an industrially related injury on November 22nd 2011, involving her wrists and forearms. She has ongoing complaints of paresthesia in her bilateral hands with pain from motion of the wrist or in making a fist. She also complains of hand/wrist pain at night. The most recent physical examination in the provided medical record (7/11/14) notes normal upper extremity range of motion with normal strength. This note also relates that this worker has seen "every reputable hand surgeon in the county" and all had found surgery to not be indicated. It is also noted in the available record that this individual has actually been evaluated by four different surgeons with all in agreement that surgical options were not warranted. These surgical consultations are not included in the provided record making it difficult to evaluate the need for further surgical consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to hand surgeon QTY #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

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

**Decision rationale:** CA-MTUS states; Referral for hand surgery consultation may be indicated for patients who:-Have red flags of a serious nature-Fail to respond to conservative management, including worksite modifications-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.Per the provided medical record this individual has not met the criteria specified, most especially the required "red flags." Also this individual is working and seems to have benefitted from worksite modifications. This is verified by prior hand surgery consultations that, per report, have found her to not be a surgical candidate. Prior surgical consultations were not provided in the medical record, only the outcome of the multiple consultations were noted by the treating physician who is apparently in agreement with their recommendations. As such the request for hand surgical consultation x1 is deemed not medically necessary.