

Case Number:	CM14-0208861		
Date Assigned:	12/22/2014	Date of Injury:	08/28/2013
Decision Date:	04/01/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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: Oregon
 Certification(s)/Specialty: Plastic Surgery, Hand Surgery

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 patient is a 24 year old female with a date of injury of 8/28/2013. According to the progress report dated 11/20/14 by [REDACTED], the patient complained of left wrist pain with numbness and tingling in the fourth and fifth digits along with pain in the left posterior shoulder that radiated down the arm and anterior chest wall. She reported that the pain was worse during the day and evening and increased with heavy lifting, keyboard use, and other repetitive activities of the arm. Her condition improved with medication, therapy and rest. The provider's positive objective clinical findings included tender trigger points over her right great than left trapezius, mid scapular and scapular musculature, reduced left grip strength, arm and forearm circumference, tenderness over her right extensor forearm, radioulnar joint, snuffbox and base of the hypothenar eminence, reduced left wrist range of motion, positive bilateral ulnar neuropathy, and slightly positive left thoracic outlet syndrome. Treatment as of this evaluation had consisted of a brace, cortisone injection, chiropractic care, physical therapy, a home exercise program, and medications. She was diagnosed with a TFCC injury by [REDACTED] on 11/14/13. MRI on 3/13/14 showed minimal degenerative changes of the SL ligament. The TFCC was normal. Cortisone injection did not help her condition. Hand surgery consultation is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand surgery consultation: 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) - Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 11 Forearm, Wrist, and Hand Complaints, page 270.

Decision rationale: According to ACOEM, Chapter 11, page 270: 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. The patient has some red flag signs. She has muscle weakness and persistent pain. More importantly, she has failed to respond to conservative management including splinting steroid injection and work-site modifications. She meets the ACOEM guidelines for hand surgery referral. The request is medically necessary.