

Case Number:	CM14-0084922		
Date Assigned:	08/29/2014	Date of Injury:	01/28/2013
Decision Date:	01/26/2015	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/06/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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 patient is a 61-year-old female with date of injury of 01/28/2013. The listed diagnoses from 12/09/2013 are: 1. Left carpal tunnel syndrome, status post release from 10/08/2013. 2. Left Guyon's compression syndrome. 3. Left cubital tunnel syndrome. 4. Left medial epicondylitis. 5. Left de Quervain's. 6. Left extensor and flexor myositis. 7. Cystic mass over the dorsum of the left ring finger distal interphalangeal joint secondary to osteoarthritis with erosion. 8. Pain, numbness and tingling in her right hand exacerbated by overuse. According to this report, the patient complains of pain in the scar of her left palm as well as the base of the left thumb. She has significant pain in her right hand. The patient rates her left hand pain 5/10 and right hand pain 10/10. She is wearing a brace on her right hand. The examination shows that the patient is unable to perform a grip strength test on the right-hand because "it is too painful." There is some tenderness on the scar of the mid proximal palm. Tenderness was noted at the base of the left first carpometacarpal joint with some swelling, but no erythema. She has some pain on grind testing. Range of motion at the elbow, forearm, wrist, and hand are within normal limits. Treatment reports from 12/09/2013 to 04/23/2014 were provided for review. The utilization review denied the request on 05/13/2014. *It looks like the right hand symptoms are a result of over use due to her recent left hand surgery. Her right hand is compensating for her left hand's inability to perform tasks due to surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right hand evaluation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Compensation, Forearm, Wrist, and Hand Procedure Summary (last updated 02/18/2014), Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127: Consultation

Decision rationale: This patient presents with left and right hand pain. The patient is status post left hand surgery from 10/08/2013. The treater is requesting a RIGHT-HAND EVALUATION AND TREATMENT. The ACOEM Guidelines page 127 states that a health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the pain and course of care may benefit from additional expertise. The 12/09/2013 report notes that the treater is requesting an evaluation and treatment of the right-hand since pain symptoms in her right hand are interfering with her ability to recover with the left-hand. When the patient attempts to use the right hand, the symptoms become exacerbated. In this case, given the patient's significant right-hand symptoms, the request for an evaluation would be appropriate and supported by ACOEM. However, the treating physician requested evaluation and treatment. There is no way of knowing what treatment would be recommended and the treatment would need to be requested separately and evaluated based on the appropriate guidelines. The current request of right hand evaluation and treatment is not medically necessary.