MAXIMUS Federal Services

Case Number:	CM15-0006855		
Date Assigned:	01/26/2015	Date of Injury:	01/03/2013
Decision Date:	04/03/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/13/2015

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: California, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 29-year-old female who reported an injury on 01/03/2013. The mechanism of injury was not provided. The injured worker was noted to undergo a carpal tunnel release on 03/27/2014. The documentation of 09/10/2014 revealed the injured worker had tenderness in the overlying surgical incision in the palm. The injured worker withdrew due to touch. The injured worker was noted to have an unusual amount of tenderness in the surgical incision of the palm. The injured worker had no objective findings to correlate with complaints, except for overall tenderness. Wrist motion was full, digital motion was full, grip strength was fair. The documentation indicated the injured worker could be discharged from orthopedic care; however, the injured worker should be referred to a physician or other doctor willing to do a PR-4 evaluation. The injured worker's medications included Norco tablets 5/325 mg. The documentation of 07/09/2014 revealed the injured worker had finished physical therapy. The injured worker had tenderness in the right hand and aching of the right forearm. Grip strength was fair to good and sensibility in the hand was opined to be normal. The injured worker was recommended to utilize her hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that for patients presenting with true hand and wrist problems special studies are not needed unless there has been a 4 to 6 week period of conservative care and observation. Additionally, they indicate the criteria for ordering imaging studies include physiologic evidence of tissue insult or neurologic dysfunction and that nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. The clinical documentation submitted for review indicated the injured worker underwent a carpal tunnel release. However, there was a lack of documentation indicating the injured worker has physiologic evidence of tissue insult to support the necessity for a repeat nerve conduction study postoperatively. Given the above, the request for NCS of the right upper extremity is not medically necessary.

Orthopedic hand evaluation with [redacted]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

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 indicates a hand surgical consultation may be appropriate for patients who have red flags of a serious nature, failure to respond to conservative management, or work hardening 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 clinical documentation submitted for review failed to provide a rationale for the requested hand evaluation. The clinical documentation submitted for review failed to indicate the injured worker had clear clinical evidence that would necessitate an orthopedic hand evaluation. There was a lack of documentation of red flags and that the injured worker had failed to respond to conservative management. Given the above, the request for orthopedic hand evaluation with [redacted] is not medically necessary.