

<b>Case Number:</b>	CM15-0145450		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	06/30/2011
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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, Hawaii

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 48 year old female who sustained an industrial injury on 06-30-2011 as a seamstress. The injured worker was diagnosed with neuralgia superficial peroneal nerve right ankle, plantar flexion contracture, chronic wrist strain and possible carpal tunnel syndrome. The injured worker is status post right ankle surgery on August 1, 2014. Treatment to date for the wrist was noted for a recent right hand and wrist magnetic resonance imaging (MRI) on March 24, 2015 and wrist brace. No medications were documented. According to the primary treating physician's progress report on June 16, 2015, the injured worker continues to experience right ankle and right hand and wrist pain rated at 7 out of 10 on the pain scale. Examination demonstrated tenderness of the right wrist with positive Tinel's at the wrist. There was no thenar atrophy noted. Current medications were not documented. Treatment plan consists of dorsiflexion right ankle night splint and the current request for a hand specialist evaluation and treatment for the right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hand Specialist eval and treatment for the right wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with diagnoses include neuralgia superficial peroneal nerve right ankle, plantar flexion contracture, chronic wrist strain and possible carpal tunnel syndrome. The patient is status post right ankle surgery August 2014. The patient currently complains of right ankle and right hand/wrist pain. The current request is for an evaluation and treatment by a hand specialist for the right wrist. The UR dated 7/17/15 (6A) partially certified the request by certifying a hand specialist evaluation for the right wrist but denied the treatment for the right wrist. The treating physician states in the treating report dated 6/16/15 (19B), please authorize hand specialty evaluation and treatment. MTUS Guidelines are silent regarding the requested treatment. ACOEM Guidelines stat that the referral for hand surgery consultation may be indicated for patients who have red flag conditions of serious nature, failure of conservative treatment and 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. In this case, the clinical history establishes the need for the requested evaluation with a hand specialist as certified by the UR. However, the secondary request for treatment for the right wrist is vague and nonspecific and therefore the medical necessity of treatment cannot be established prior to the certified evaluation. The current request is not medically necessary.