

Case Number:	CM15-0146181		
Date Assigned:	08/07/2015	Date of Injury:	01/07/2009
Decision Date:	09/03/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/28/2015

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

Certification(s)/Specialty: Emergency Medicine

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 was a 43 year old male, who sustained an industrial injury, January 7, 2009. The injured worker previously received the following treatments cervical spine MRI, lumbar spine MRI, thoracic spine MRI, physical therapy, manipulation, acupuncture and Celebrex. The injured worker was diagnosed with cervical spine strain, thoracic spine strain and lumbar spine strain with radiculopathy, right forearm strain, left forearm strain, right carpal tunnel syndrome, bilateral carpal tunnel syndrome and chronic pain. According to progress note of June 17, 2015, the injured worker's chief complaint was neck, upper back, lower back, right forearm, left forearm, right wrist and hand, left wrist and hand, right knee, left knee and left foot pain. The injured worker had numbness and tingling. The physical exam noted left index finger, left dorsal thumb, middle and small fingertips sensation was intact. The treatment plan included consultation with an upper extremity surgeon for the bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with upper extremity surgeon for bilateral wrists: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, page 1, Part 1: Introduction Page(s): 1.

Decision rationale: The requested Consultation with upper extremity surgeon for bilateral wrists is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states, "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has neck, upper back, lower back, right forearm, left forearm, right wrist and hand, left wrist and hand, right knee, left knee and left foot pain. The injured worker had numbness and tingling. The physical exam noted left index finger, left dorsal thumb, middle and small fingertips sensation was intact. The treating physician has not documented sufficient evidence to establish that the injured worker is currently a surgical candidate. The criteria noted above not having been met, Consultation with upper extremity surgeon for bilateral wrists is not medically necessary.