

Case Number:	CM15-0189844		
Date Assigned:	10/02/2015	Date of Injury:	06/06/2014
Decision Date:	11/12/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/28/2015

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: 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 39 year old, female who sustained a work related injury on 6-6-14. A review of the medical records shows she is being treated for bilateral shoulder and bilateral wrist pain. Treatments have included medications, physical therapy, acupuncture and bilateral wrist splinting. Current medications include Aspercreme, Mobic and Neurontin. In the progress notes, the injured worker reports persistent bilateral wrist pain, right greater than left. On physical exam dated 8-4-15, she has slight tenderness of both wrists. She has normal range of motion in both wrists. She has right hand median sensory nerve hypesthesia. MRI of right wrist dated 10-6-14 reveals "mild hypertrophic changes are present and no fracture or abnormal fluid." MRI of left wrist dated 10-6-14 reveals "the median nerve appears mildly enlarged. Mild hypertrophic changes are present and no fracture or abnormal fluid." She is not working. The treatment plan includes requests for an orthopedic referral for bilateral carpal tunnel surgery. The Request for Authorization dated 8-13-15 has requests for referral to orthopedic physician for staged carpal tunnel release, right first then left and for a psychiatric evaluation and treatment. In the Utilization Review dated 9-8-15, the requested treatment of an orthopedic consultation for bilateral wrists and hands is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consultation for bilateral wrists/hands: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, page 127.

Decision rationale: The current request is for ORTHOPEDIC CONSULTATION FOR BILATERAL WRISTS/HANDS. Treatments have included medications, physical therapy, acupuncture and bilateral wrist splinting. The patient remains off work. MTUS/ACOEM, Independent Medical Examinations and Consultations, chapter 7, page 127 states that the "occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinees fitness for return to work." Per report 08/04/15, the patient presents with bilateral shoulder and bilateral wrist pain with radiation of pain to the finger. Physical examination revealed tenderness of both wrist, and right hand median sensory nerve hypesthesia. MRI of right wrist dated 10-6-14 revealed "mild hypertrophic changes are present and no fracture or abnormal fluid." MRI of left wrist dated 10-6-14 revealed "the median nerve appears mildly enlarged. Mild hypertrophic changes are present and no fracture or abnormal fluid." EMG/NCV of the BUE revealed consistent findings with moderate bilateral CTS. The treater recommended an orthopedic consultation for the bilateral wrist. ACOEM and MTUS guidelines indicate that such consultations are supported by guidelines at the care provider's discretion. Given this patients ongoing complaints of pain and neurological deficits, a consultation with a specialist is appropriate. Therefore, the request IS medically necessary.