

Case Number:	CM15-0193371		
Date Assigned:	10/07/2015	Date of Injury:	10/10/2014
Decision Date:	11/18/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/01/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 41 year old male, who sustained an industrial injury on 10-10-14. The injured worker is diagnosed with limb pain (hand) and carpal tunnel syndrome. His work status is temporary total disability. Notes dated 7-22-15 -9-2-15 reveals the injured worker presented with complaints of ongoing bilateral wrist pain. Physical examinations dated 7-22-15 - 9-2-15 revealed decreased cervical spine range of motion, bilateral wrists pain and headaches. Treatment to date has included medications. Electrodiagnostic studies (4-13-15) revealed mild to moderate bilateral carpal tunnel syndrome. A request for authorization dated 9-3-15 for 1 consultation with an orthopedic surgeon for the bilateral wrists is denied, per Utilization Review letter dated 9-11-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

One consultation with an orthopedic surgeon for the bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Assessment. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, Chapter 1 - Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): General Approach, Surgical Considerations.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11, Forearm, Wrist and Hand Complaints, page 270, referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature. Fail to respond to conservative management, including worksite modifications. 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. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and, especially, expectations is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. In this case, there is not sufficient documentation which reports a failure of non operative treatment. There is no report of work modifications, splinting, physical therapy, treatment with NSAID's or trial of a corticosteroid injection into the carpal tunnel. Therefore, the request does not meet the criteria set forth in the guidelines and is not medically necessary.