

<b>Case Number:</b>	CM15-0195197		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	11/11/2014
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 48 year old female, who sustained an industrial injury on 11-11-14. The injured worker is diagnosed with mild right carpal tunnel syndrome. Her work status is full duty with no restrictions. Notes dated 5-13-15 - 8-23-15 reveals the injured worker presented with complaints of intermittent right wrist and hand pain described as aching. Her pain is rated at 4-6 out of 10. She does not report and difficulty engaging in activities of daily living. Physical examinations dated 8-24-15 revealed tenderness to palpation at the carpal bones and mildly tender to palpation at the forearm, thumb and index finger. An examination dated 8-23-15 revealed normal right wrist appearance without tenderness or swelling, and no pain reported with range of motion. The right hand is normal in appearance and normal range of motion in her fingers. Treatment to date has included physical therapy, which did not provide long term relief per note dated 4-1-15; medication; acupuncture did not provide long term improvement per note dated 8-24-15 and right carpal tunnel steroid injection provided some relief per note dated 5-13-15. She has had electrodiagnostic testing. A request for authorization dated 9-12-15 for orthopedic hand surgeon consultation for the right hand is non-certified, per Utilization Review letter dated 9-17-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic hand surgeon consultation for the right hand: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

**Decision rationale:** ACOEM Guidelines, Chapter 7, Page 127, state 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 examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case, the patient is noted to be full duty, with no restrictions. There is normal finger range of motion. The reason for a surgical consult is unclear. This request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. At present, the request is not certified. Therefore, the request is not medically necessary.