

<b>Case Number:</b>	CM15-0196115		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	06/11/2015
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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 female, who sustained an industrial injury on June 11, 2015, incurring left wrist and left hand injuries. She was diagnosed with left carpal tunnel syndrome, status post right carpal tunnel release. She was noted to a positive Tinel's test. On May 12, 2015, the injured worker underwent a right carpal tunnel release from a previous injury. Currently, the injured worker complained of weakness, numbness, tingling and difficulty gripping her left hand. She noted pain with lifting, pulling and pushing activities. Treatment included 6 to 8 sessions of physical therapy. The treatment plan that was requested for authorization on October 6, 2015, included a consultation with a hand specialist. On September 24, 2015, a request for a consultation with a hand specialist was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with a hand specialist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Procedure Summary, last updated 9/9/2015.

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

**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, the exam notes provided do not demonstrate any evidence of red flag condition or clear lesion shown to benefit from surgical intervention. There is no documentation of failed conservative treatment such as activity modifications, splinting, medications or a steroid injection. There is no electrodiagnostic studies which support a diagnosis of carpal tunnel syndrome. Therefore the criteria set forth in the guidelines have not been met and the request is not medically necessary.