

Case Number:	CM15-0020840		
Date Assigned:	02/10/2015	Date of Injury:	04/02/2012
Decision Date:	04/01/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/04/2015

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 59 year old female who sustained an industrial injury on 04/02/2012. Diagnoses include right carpal tunnel syndrome, and possible right cubital syndrome. Treatment to date has included medications, cortisone injections, physical therapy, and occupational therapy. A physician progress note dated 08/25/2014 documents the injured worker has weakness, stiffness, numbness and tingling with intermittent sensation of swelling of the fingers of her right hand. She has associated difficulty gripping and grasping, dropping of items. Tinel and Durkan signs are positive on the right. X rays revealed degenerative changes in the carpometacarpal bones. Treatment requested is for a Consultation Rheumatologic, Bilateral Hands and Wrists. On 01/20/2015 Utilization non-certified the request for Consultation Rheumatologic, Bilateral Hands and Wrists, and cited was California Medical Treatment Utilization Schedule (MTUS) - American College of Occupational and Environmental Medicine (ACOEM).

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation- Rheumatologic, Bilateral Hands and Wrists: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: 2nd Edition, Chapter 7, Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The patient is a 59 year old female who presents with intermittent numbness to the bilateral wrists, especially while driving. Most recent progress reports provided are hand written and largely illegible. The patient's date of injury is 04/02/12. Patient has no documented surgical history directed at this complaint. The request is for CONSULTATION RHEUMATOLOGIC BILATERAL HANDS AND WRISTS. The RFA was not provided. Physical examination dated 10/20/14 reveals tenderness to the bilateral wrists, positive De Quervain's test bilaterally, positive Phalen's test bilaterally, hypersensitivity to pain in wrists/hands bilaterally. The patient is currently prescribed Mobic. Diagnostic imaging was not included, though summary records review dated 12/17/14 describes electrodiagnostic study impression dated 11/21/12: "Bilateral carpal tunnel syndrome, mild, greater on the left side than right, and possible right ulnar neuropathy at the elbow." Patient is currently working modified duties. ACOEM Practice Guidelines, 2nd Edition 2004, Chapter 7, page 127 states: "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. An independent medical assessment also may be useful in avoiding potential conflicts of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification." In regards to the request for a rheumatological consult to ascertain the true nature of this patients hand and wrist pain, the request appears reasonable. The patient presents with persistent pain and neuropathy to the bilateral wrists unresolved by physical therapy, TENS unit utilization, and medications. ACOEM guidelines support specialist consults when the treater feels that the course of care could benefit from additional expertise, which the treater feels necessary. Therefore, the request IS medically necessary.