

Case Number:	CM15-0043532		
Date Assigned:	03/13/2015	Date of Injury:	09/09/2011
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/09/2015

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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 64-year-old male who sustained an industrial injury on 09/09/2011. Diagnoses include carpal tunnel syndrome, myofascial pain syndrome, left hand pain, and strain of the cervical and lumbar spine. Treatment to date has included diagnostics, medications, epidural steroid injections, and trigger point injections. A physician progress note dated 10/21/2014 documents the injured worker has increased back pain with some numbness of the left foot, and noted pain and decreased strength in the left hand and right knee pain. Examination revealed positive right knee McMurry's test and Apley's. There was positive bilateral wrist scars, and positive bilateral trapezius trigger points, negative Spurling's and positive straight leg raise test. The injured worker received Trigger Point injections trapezius and lumbar epidural steroid injection. Recommended continued treatment with medications Flexeril, Neurontin, Voltaren, and Methoderm gel, nurse case manager conference and hand surgery consultation. Treatment requested is for consultation with Orthopedic Hand Specialist, Bilateral Wrists QTY: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Orthopedic Hand Specialist, Bilateral Wrists QTY: 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines upper extremity Page(s): 305-306.

Decision rationale: The medical records support activity limitations that have been occurring greater than one month with wrist symptoms with neurologic deficit lasting greater than one month. There is positive decreased strength in the left hand. MTUS guidelines support referral to specialist for further opinion and evaluation regarding etiology, prognosis, and to guide further treatment. As the medical records report positive findings with primary provider reporting need for consultation to guide therapy, referral to orthopedist is supported.