

<b>Case Number:</b>	CM15-0060947		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	12/23/2013
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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:

This 42 year old female sustained an industrial injury to the cervical spine and right upper extremity on 12/23/13. Previous treatment included electromyography, ice/heat, transcutaneous electrical nerve stimulator unit and medications. In a PR-2 dated 2/20/15, the injured worker complained of pain to the neck and right hand/wrist rated 8/10 on the visual analog scale without medications and 3-4/10 with medications. The injured worker was considering surgery to the right wrist. Physical exam was remarkable for right wrist with positive Tinel's test associated with tingling to the right thumb and 4/5 weakness upon right thumb abduction. Current diagnoses included cervical spine sprain/strain, rule out carpal tunnel syndrome, rule out radiculopathy brachial plexopathy and shoulder sprain/strain. The treatment plan included requesting an orthopedic hand surgery consultation for possible carpal tunnel release surgery, continuing ice/heat, continuing transcutaneous electrical nerve stimulator unit, medications (Tramadol, Flexeril, Naproxen Sodium and Protonix) and requesting a psychology consultation for cognitive behavioral therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic hand surgeon consultation, bilateral hand, bilateral finger, bilateral shoulder:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7, Pages 127-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visits.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, orthopedic and surgical consultation for bilateral hands, bilateral fingers and bilateral shoulders is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are cervical strain/sprain; rule out carpal tunnel syndrome; and rule out radiculopathy or brachial plexopathy; and shoulder strain/sprain. The progress note dated February 20 2015, subjectively, states the injured worker reports neck and right hand/wrist pain at 8/10. The injured worker is considering surgery to the right wrist. The injured worker uses a TENS unit (location not documented). Objectively, there is 4/5 weakness of right thumb abduction and positive Tinel's test to the right with tingling to the right thumb. There are no shoulder subjective complaints or physical examination. A progress note dated January 16, 2015 indicates the injured worker received six physical therapy sessions and is much improved. Electrodiagnostic studies performed January 10, 2014 showed moderate demyelinating median neuropathy with no signs of cervical radiculopathy. MRI of the cervical spine dated October 20, 2014 showed no evidence of central canal stenosis. According to the February 20, 2015 progress note, the injured worker is considering surgery to the right wrist. Consequently, absent clinical documentation with subjective and objective clinical findings referencing the bilateral shoulders, orthopedic and surgical consultation for the bilateral hands, bilateral fingers and bilateral shoulders is not medically necessary.