MAXIMUS Federal Services

Case Number:	CM14-0124345		
Date Assigned:	08/08/2014	Date of Injury:	04/09/2013
Decision Date:	10/15/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/06/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a patient with a date of injury of 4/9/13. A utilization review determination dated 7/18/14 recommends non-certification of ergonomic evaluation and consultation with an orthopedic surgeon. 7/11/14 medical report identifies right wrist, hand, and shoulder pain and neck pain. Pain is sharp and shooting with tingling and varies with her activity levels. It is made worse by gripping, grasping, typing, and writing. Pain level is 4/10. She is working full duties. She has completed 5 of 6 OT sessions. On exam, there are scars present for CT release and intersection syndrome of the mid forearm. Movement of the wrist causes pain on full flexion and pain in forearm and thenar musculature. Triggering is not present. The patient improves with OT, but continues to aggravate with work activities. She needs an ergonomic evaluation with changes of her work station. She will have a follow-up consultation with the hand surgeon. 6/17/14 medical report from the hand surgeon notes a history of right intersection syndrome release and carpal tunnel release on 2/7/14. The numbness in the right hand is better. She still has soreness overlying the radial aspect of the right distal radius. She has pain and clicking on the right thumb. Despite the above, she has gone back to regular duty work. She has received approval for 6 more visits of OT. On exam, the surgical scars are quite normal. The right thumb has triggering and tenderness overlying the A1 pulley.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ergonomic Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 5. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand: Ergonomic interventions

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 6.

Decision rationale: Regarding the request for ergonomic evaluation, the CA MTUS and ACOEM state that engineering controls, including ergonomic workstation evaluation and modification, and job redesign (to accommodate a reasonable proportion of the workforce) may well be the most cost effective measure in the long run. Within the documentation available for review, the patient is noted to have improved significantly as of late after surgery and there is no clear indication of any suspected ergonomic issues that require evaluation/modification. The requesting physician has not identified what type of biomechanical issues he feels are contributing to the patient's ongoing symptoms. In the absence of clarity regarding those issues, the currently requested ergonomic evaluation is not medically necessary.

Consult with Orthopedic Surgeon: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: chapter 7; Independent Consultations , pg 127

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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127

Decision rationale: Regarding the request for consult with orthopedic surgeon, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, it appears that the request is for follow-up with the patient's orthopedic hand surgeon. It is noted that the patient underwent surgery earlier in 2014. She has apparently improved significantly since undergoing surgery including having returned to regular duty work, but there are still some issues that have not completely resolved. Specialty consultation/follow-up is appropriate so that the hand surgeon can monitor the patient's progress and make appropriate modifications to the treatment plan. In light of the above, the currently requested consult with orthopedic surgeon is medically necessary.