

Case Number:	CM14-0160331		
Date Assigned:	10/03/2014	Date of Injury:	06/14/2011
Decision Date:	11/06/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/29/2014

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 & Rehabilitation 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:

The injured worker is a 42-year-old female who reported an injury after lifting a heavy mattress on 06/14/2011. On 03/05/2014, her diagnoses included status post right carpal tunnel release. On 03/19/2014, it was noted that a left carpal tunnel release was to be performed "this year as well". Her complaints included ulnar hand pain rated 5/10 while at rest and 7/10 to 8/10 in motion, with weakness, and range of motion deficits. She was participating in physical therapy, and the recommendations were to continue the therapy to reduce her pain. Her rehabilitation potential was good, and her treatment plan included active range of motion, patient education, wound care management, edema management, and therapeutic exercises. There was no documentation of the need for an orthopedic consult. There was no rationale or Request for Authorization include in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consult with hand and upper extremity specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Evaluation and Management outpatient visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

Decision rationale: The request for orthopedic consult with hand and upper extremity specialist is not medically necessary. The California ACOEM Guidelines note that under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously select and refer to specialists to will support functional recovery, as well as provide expert medical recommendations. It was noted in the submitted documentation that this worker was status post right carpal tunnel release and was receiving physical therapy. A left carpal tunnel release had already been planned for later in the year. There was no indication that this worker needed a further consultation regarding her upper extremities. Additionally, the request did not specify which upper extremity was to be examined. The need for a referral to an orthopedic specialist was not clearly demonstrated in the submitted documentation. Therefore, this request for orthopedic consult with hand and upper extremity specialist is not medically necessary.