

<b>Case Number:</b>	CM14-0161450		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	07/01/1995
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 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 70-year-old female who reported an injury on 07/01/1995. The diagnoses included carpal tunnel syndrome. The mechanism of injury was the injured worker tripped over the lip of an elevator door and fell, landing on her left side. Prior surgeries included a right carpal tunnel release, cubital tunnel release, and radial styloidectomy for a scapholunate advanced collapse. Prior therapies included pre and postoperative physical therapy as well as a splint. The injured worker underwent an MRI of the cervical spine, x-rays of the right wrist, and EMG/NCV of the bilateral upper extremities. The injured worker's medication history included Paxil 30 mg #30, clotrimazole betamethasone #2 tubes and econazole 30 gm for pain related symptoms, Quaaluan 1 daily, topical NSAID/analgesic, Duexis 3 times a day, trazodone 50 mg half to 2 tablets at bedtime for sleep, Valium 10 mg twice a day, Protonix 40 mg daily, Buspar 5 mg #60, Tegretol 100 mg chewable tablets daily, OxyContin 1 to 2 tablets per day, and H wave stimulation. The documentation indicated the most recent documentation was 05/15/2014. The injured worker was 6 weeks status post right wrist styloid excision with carpal tunnel release and submuscular ulnar nerve transposition. The injured worker had complaints of diffuse pain. The treatment plan included a continuation of anti-inflammatories and lidocaine patches as well as therapy. The medications were noted to include nabumetone 750 mg #60 1 by mouth twice a day and lidocaine pain patch #1 apply 12 hours on and 12 hours off. There was no rationale, physician documentation requesting the consultation or a Request for Authorization submitted for the requested service.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One consultation for right hand/wrist pain (Occupational Medicine): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, Page(s): 1.

**Decision rationale:** The California Medical Treatment & Utilization Schedule guidelines recommend a referral if the injured worker's complaint persists. The clinical documentation submitted for review failed to provide a rationale for the requested intervention. There was no recent documentation submitted with objective and subjective finding to support the necessity for a consultation. There was no physician documentation requesting the intervention. Given the above, the request for 1 consultation for right hand/wrist pain (occupational medicine) is not medically necessary.