

<b>Case Number:</b>	CM14-0163892		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	05/12/2012
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Orthopedic Surgery 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 56-year-old female dietary manager sustained an industrial injury on 5/12/12. Injury occurred while lifting a case of #10 cans. She reported a crunching and tear-like sensation in her right shoulder and neck. Past medical history was positive for hypertension, hepatitis, liver disease, smoking, and borderline diabetes. The 3/14/13 cervical magnetic resonance imaging (MRI) findings documented multilevel degenerative changes with some flattening of the spinal canal causing mild spinal stenosis at multiple levels, disc osteophyte complexes, and neuroforaminal narrowing. The 3/14/13 right shoulder magnetic resonance imaging (MRI) findings documented acromioclavicular joint degenerative changes with inferiorly directed bone spurs reducing the outlet space for the supraspinatus tendon. There was supraspinatus and infraspinatus tendinosis with a partial tear, and a possible old SLAP injury. The 7/10/14 bilateral upper extremity Electromyography/Nerve Conduction Velocity (EMG/NCV) study demonstrated evidence of chronic right C5 and C6 radiculitis and mild bilateral carpal tunnel syndrome. The 9/17/14 treating physician report cited severe neck pain and headaches. The right C4/5 and C5/6 facet injections on 9/2/14 provided 5 days of pain relief. Pain was grade 7-8/10 without pain medications and 4-5/10 with pain medications. Increased pain was reported with any lifting or repetitive upper extremity use. The injured saw an orthopedic surgeon who felt the etiology of her pain was the neck and not the shoulder. Upper extremity neurologic exam documented 5/5 strength, 2+ and symmetrical deep tendon reflexes, and sensation decreased in the right C6 dermatomal distribution. Spurling's sign was positive on the right. There was trigger point tenderness over the right C6/7 paraspinals and right trapezius. Cervical range of motion was moderately reduced in all planes. Tinel's was positive over the bilateral wrists. There was normal heel/toe walking. Injured worker was scheduled to see the orthopedic surgeon on 9/26/14 to discuss surgical treatment options. The injured worker had been diagnosed with carpal tunnel

release by electrodiagnostic study. She wanted to discuss treatment options regarding carpal tunnel syndrome with a hand surgeon. The 9/24/14 utilization review denied the request for a consult with a hand surgeon as there was no documentation of conservative treatment failure.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Consult with Hand Surgeon:** 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), Office Visits

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

**Decision rationale:** The California MTUS guidelines state that referral for hand surgery consultation may be indicated for patients who have "red flag conditions of a serious nature, fail to respond to conservative treatment management, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short- and long-term, from surgical intervention." Guideline criteria have not been met at this time. Incidental findings of bilateral carpal tunnel syndrome were documented by electrodiagnostic studies along with chronic cervical radiculitis. Exam findings documented positive Tinel's bilaterally and decreased sensation over the right C6 dermatome. Cervical surgical consultation is pending. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial for carpal tunnel syndrome and failure has not been submitted. Therefore, this request for a Consult with Hand Surgeon is not medically necessary.