

Case Number:	CM14-0166916		
Date Assigned:	10/14/2014	Date of Injury:	12/01/2003
Decision Date:	11/18/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/09/2014

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:

52-year-old female claimant with an industrial injury dated 12/01/13. Exam note 06/02/14 states the patient returns with bilateral hand pain. There was evidence of tenderness on the forearm and wrist. The patient had cervical tightness, and was diagnosed with bilateral cubital/carpal tunnel syndrome. Exam note 08/04/14 states that the patient reports right greater than left arm numbness and aching. The patient also complains of low back pain. Upon physical exam the patient had a positive Tinel's test with the right greater than the left. There was tenderness along the ulnar nerve. The patient experienced spinal spasms when completing the range of motion exercises. Range of motion was reduced due to the spasms and pain. Exam note 09/15/14 the patient continues to have spinal pain and hand numbness. The patient still has pain with range of motion along with decreased sensation. Reflexes were noted to be a 2/2. Treatment includes a gym membership and orthopedic consultation.

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 [REDACTED]: 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), Forearm, Wrist, and Hand

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7, page 127

Decision rationale: Per the California Medical Treatment Utilization Schedule (MTUS) ACOEM 2004, Chapter 7, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case the exam note from 8/4/14 does not demonstrate failure of conservative care to warrant an orthopedic upper extremity specialist referral. Therefore the determination is not medically necessary and appropriate.