

Case Number:	CM14-0178379		
Date Assigned:	10/31/2014	Date of Injury:	10/09/2013
Decision Date:	12/08/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/28/2014

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 Occupational Medicine 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:

Injured worker is a male with date of injury 10/9/2013. Per primary treating physician's progress report dated 9/24/2014, the injured worker complains of intermittent moderate sharp right wrist pain with weakness of right hand and fingers. He is very anxious and depressed. On examination he is right hand dominant. There is tenderness to palpation of the right dorsal wrist. Phalen's causes pain. Grip testing on the right is 5/10/10 and left is 15/20/20. There is mild swelling of the right wrist. Diagnoses include 1) right carpal tunnel syndrome 2) right wrist injury 3) stress and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho Consult Only: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC ,evaluation and management

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides 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 refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The requesting physician has requested an ortho consult. The injured worker has failed conservative treatment over a one year period. Medical necessity of this request has been established within the recommendations of the MTUS Guidelines. The request for Ortho Consult Only is determined to be medically necessary.