

<b>Case Number:</b>	CM14-0210032		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	10/29/2008
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 42 year-old female with date of injury 10/29/2008. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/12/2014, lists subjective complaints as pain in the bilateral wrists. Objective findings: Patient was unable to perform the JAMAR grip dynamometer strength testing due to pain. Patient presented to clinic holding her hands across her abdomen, in a guarded manner. Hypersensitivity was noted over the patient's bilateral hands. There was a noticeable tremor in the upper right extremity. The patient was able to make a partial fist with her hands but her fingertips miss the mid palmar creases of her hands by approximately 2cm. Active range of motion was restricted by approximately 50% in both hands. Diagnosis: 1. Status post right carpal tunnel 2. Status post left carpal tunnel 3. Bilateral chronic regional pain syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Consultation, Left Wrist, Right Wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 132

**Decision rationale:** According to the guidelines a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. Pain Management Consultation, Left Wrist, Right Wrist is not medically necessary.