

<b>Case Number:</b>	CM14-0210309		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	12/11/2012
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/12/2014
<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: Texas, Ohio, 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic hand pain reportedly associated with an industrial injury of December 11, 2012. In a Utilization Review Report dated November 12, 2014, the claims administrator approved a request for a consultation with a hand specialist while denying a request for "unspecified treatment" with said hand specialist. An October 2, 2014 progress note was referenced in the determination, as were non-MTUS Chapter 7 ACOEM Guidelines and non-MTUS ODG Guidelines. The applicant's attorney subsequently appealed. In a progress note dated November 13, 2014, the applicant reported issues with bilateral shoulder pain, cervical spine pain, and bilateral wrist pain. The applicant was using Motrin and Robaxin for pain relief. The applicant received both physical therapy and acupuncture treatments to date. The applicant was disabled and not working, it was acknowledged. The applicant was given diagnoses of bilateral carpal tunnel syndrome and right elbow epicondylitis. A hand "consultation and treat" was endorsed for the same. Bilateral wrist braces were also sought. Diclofenac, Ultracet, a psychiatry consultation, and omeprazole were also endorsed. The applicant was placed off of work, on total temporary disability, for five weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Treatment with Hand Specialist, Bilateral Hand:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127; and on the ODG Forearm, Wrist & Hand, Office Visits

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

**Decision rationale:** The primary operating diagnosis here appears to be bilateral carpal tunnel syndrome. While the MTUS Guideline in ACOEM Chapter 11, page 270 thus support various treatments for carpal tunnel syndrome, including splinting and/or surgical decompression, depending on the severity of disease, here, however, the attending provider did not clearly state what sort of 'treatment' was intended with the hand specialist. It was not clearly stated whether surgical treatment or non-operative treatment was being sought here. The request, thus, cannot be endorsed as written owing to its imprecise nature. Therefore, the request is not medically necessary.