

Case Number:	CM15-0106280		
Date Assigned:	06/10/2015	Date of Injury:	09/27/2013
Decision Date:	07/17/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/02/2015

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: Physical Medicine & Rehabilitation

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 injured worker is a 61 year old male with an industrial injury dated 09/27/2013. The injured worker's diagnoses include cervical musculoligamentous sprain/strain, cervical spine myospasm, lumbago, lumbar spine compression fracture, bilateral peripheral neuropathy and bilateral mild carpal tunnel syndrome. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05/06/2015, the injured worker reported pain in his neck and low back with some numbness and tingling in hands and bilateral lower extremities. The treating physician reported abnormal nerve conduction velocity (NCV) study of the upper extremities dated 4/16/2015, which revealed electrophysiologic evidence of bilateral mild carpal tunnel syndrome. The treating physician prescribed services for one consultation to a hand specialist for symptoms related to the wrist/hands as outpatient, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation to a hand specialist for symptoms related to the wrists/hands: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practic Guidelines, 2nd edition (2004) Chapter 7 - Independent Medical Examinations and Consultations, page 12.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: The patient presents with neck and low back pain rated 6-7/10. The request is for consultation to a hand specialist for symptoms related to the wrists/hands. The request for authorization is not provided. EMG/NCV of the upper extremities, 04/16/15, shows normal EMG studies and NCV study of electrophysiologic evidence of bilateral mild carpal tunnel syndrome. Physical examination of the cervical spine reveals hypolordosis and anterior head carriage. Reflexes at C5 through C7 are blunted bilaterally. Exam of the lumbar spine reveals hypolordosis. Reflexes at Patellar L4 and Achilles S1 are blunted bilaterally. The patient complains of some numbness and tingling in hands and bilateral lower extremities. Patient's medications include Ibuprofen, Prilosec and Transdermal Analgesic Compounds. Per progress report dated 05/06/15, the patient is returned to modified work. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Per progress report dated 05/06/15, treater's reason for the request is "for workup and treatment recommendations of the bilateral carpal tunnel syndrome." In this case, the patient has a diagnosis of bilateral mild carpal tunnel syndrome per EMG/NCV. It would appear that the current treater feels uncomfortable with the patient's medical issues and has requested a Hand Specialist consultation. Given the patient's condition, the request for a consultation appears reasonable. Therefore, the request is medically necessary.