

<b>Case Number:</b>	CM15-0112520		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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 45 year old male, who sustained an industrial injury on February 21, 2013. He reported pain from the right fingers up to the shoulder due to cumulative trauma. The injured worker was diagnosed as having right carpal tunnel syndrome and right hand/wrist tendonitis. On February 10, 2015, electromyography/nerve conduction velocity studies revealed moderate-to-severe right wrist carpal tunnel syndrome. Treatment to date has included a home exercise program, work modifications, and medications including pain, muscle relaxant, non-steroidal anti-inflammatory, antidepressant and anti-epilepsy. On April 15, 2015, the injured worker complains of continued right wrist pain. His pain may go up to 8/10 with activities. Pain with rest and use of medications is rated 5/10. The physical exam revealed intact sensation, normal motor strength, and normal deep tendon reflexes of the right upper extremity. There was tenderness to palpation at the first carpometacarpal joint and thenar tenderness of the right hand. The range of motion and neurovascular testing of the right fingers and thumb was normal. The treatment plan includes seeing a hand specialist for possible right carpal tunnel surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to Hand Surgeon:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations.

**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 on 05/13/15 with pain in the right hand, wrist, and forearm rated 8/10 at worst (5/10 at best) with associated numbness and loss of grip strength. The patient's date of injury is 02/21/13. Patient has no documented surgical history directed at this complaint. The request is for Referral to hand surgeon. The RFA is dated 05/13/15. Physical examination dated 05/13/15 reveals two 3cm nodules without erythema in the medial aspect of the right forearm which are firm and tender to palpation. There is tenderness to palpation along the radial edge of the wrist, first carpometacarpal joint and thenar eminence, and there is pain elicitation with restricted flexion, with positive Tinel's sign is noted. Neurological examination of the affected extremity is otherwise unremarkable. The patient is currently prescribed Duloxetine. Diagnostic imaging was not included, though EMG/NCV study dated 02/10/15 concludes that this patient exhibits moderate-to-severe carpal tunnel syndrome in the right wrist. Patient is currently advised to return to work with modifications ASAP, though his current work status is not specifically stated. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In regard to the consultation with a hand surgery specialist for the purpose of evaluating the necessity of carpal tunnel release, the request is appropriate. Progress note dated 05/13/15 indicates that this patient demonstrates complaints consistent with carpal tunnel syndrome, corroborated by EMG/NCV study dated 02/10/15 with findings indicative of moderate-to-severe CTS. Given this patient's lack of surgical consultation to date and clinical presentation, the provider is justified in seeking a specialist opinion on the need for surgical intervention. Therefore, the request is medically necessary.