

Case Number:	CM15-0129918		
Date Assigned:	07/16/2015	Date of Injury:	10/04/2002
Decision Date:	08/25/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/06/2015

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: Iowa

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 injured worker (IW) is a 54-year-old female who sustained an industrial injury on 10/04/2002. Diagnoses include status post carpometacarpal (CMC) fusion, left thumb and mild right carpal tunnel syndrome. Treatment to date has included medications and activity modifications. According to the PR2 dated 6/1/15, the IW reported left shoulder pain rated 8-9/10; bilateral volar wrist pain rated 9/10; and lateral right elbow pain rated 9/10. On examination, Phalen's sign was positive in the bilateral hands. Electrodiagnostic testing on 5/12/14 found evidence of right median neuropathy across the wrist, as seen in carpal tunnel syndrome. Medications included Norco, Cyclobenzaprine, Naprosyn and Omeprazole. A request was made for consultation and treatment with a hand specialist for evaluation of bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Treatment with a hand specialist for the bilateral wrists: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition (2004), 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 UpToDate: Surgery for carpal tunnel syndrome.

Decision rationale: MTUS and ODG do not provide specific recommendations for hand/wrist consultation. It appears that this patient has undergone surgery (CMC fusion). UpToDate states that evaluation for postsurgical complications is appropriate if symptoms worsen or return. Consultation with a specialist may also be appropriate if the patient is experiencing symptoms out of the scope of the treating physician to evaluate. The medical documentation states that this patient is having severe pain that is not responsive to the current medication regimen. Although consultation would be appropriate at this point, the request for "treatment" with a hand specialist implies that any further intervention would also be approved. Future treatment should be requested on an individual basis as needed. Therefore, the current request as stated, "treatment with a hand specialist for the bilateral wrists" is not medically necessary.