

Case Number:	CM15-0177642		
Date Assigned:	10/19/2015	Date of Injury:	09/25/2014
Decision Date:	12/15/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/09/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 58-year-old female, who sustained an industrial injury on 9-25-2014. Several documents in the provided medical records are difficult to decipher. The injured worker was being treated for left cubital tunnel syndrome. The injured worker (3-24-2015) reported ongoing left wrist pain, especially at the ulnar side. The physical exam (3-24-2015) revealed full range of motion of the left shoulder, elbow, and wrist. The injured worker (5-5-2015) reported ongoing left upper extremity pain. The physical exam (5-5-2015) revealed the brace fit well, good range of motion of the fingers, and normal fist. The injured worker (7-16-2015) reported ongoing left neck burning pain dorsal and ulnar forearm and hand 4th and 5th digits pain, numbness, and paresthesias. The physical exam (7-16-2015) revealed left wrist flexion of 65 degrees, extension of 60 degrees, ulnar deviation of 15 degrees, and radial deviation of 40 degrees. The treating physician noted normal motor and sensory exams of the left wrist. The treating physician noted a positive left Phalen's and Tinel's signs, and hypoesthesia of the left hand 4th and 5th digits. Per the treating physician (12-31-2015), an MRI (undated) was consistent with a small central tear of the triangular fibrocartilage complex. The electromyography and nerve conduction velocity studies (2-3-2015) stated the left upper extremity study was normal. Treatment has included occupational therapy, a home exercise program, work modifications, a wrist brace, and over-the-counter non-steroidal anti-inflammatory. Per the treating physician (7-16-2015 report), the injured worker has not returned to work. The treatment plan included a hand surgical consult and treat regarding an ulnar nerve

decompression of the left elbow. On 8-25-2015, the original utilization review modified a request for an unspecified treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unspecified treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer found no guidelines were applicable.

Decision rationale: The request to Independent Medical Review is for a test or treatment, which was not adequately defined. The treating physician did not supply sufficient information regarding the nature of the request and its indications. The request is therefore not medically necessary based on the lack of sufficient indications and details of the request provided by the treating physician. A specific guideline cannot be cited because the requested service was not described in sufficient detail. In order to select the relevant guideline, the requested service must refer to a specific treatment, test, or referral with its indications. The request in this case was too generic and might conceivably refer to any number of medical conditions and guideline citations.