

Case Number:	CM15-0071677		
Date Assigned:	04/21/2015	Date of Injury:	06/29/2000
Decision Date:	05/20/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/14/2015

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: Maryland, Virginia, North Carolina
Certification(s)/Specialty: Plastic 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 76-year-old female, who sustained an industrial injury on 07/01/1986. She has reported subsequent wrist and shoulder pain and was diagnosed with right shoulder and bilateral wrist pain and bilateral carpal tunnel syndrome. Treatment to date has included oral pain medication, home exercise program, physical therapy and surgery. In a progress note dated 03/26/2015, the injured worker complained of progressive severe wrist pain on the right side. Objective findings were notable for increased pain in the right hand and wrist and right shoulder pain. The physician noted that the injured worker might benefit from trigger point injection of the right wrist. A request for authorization of consultation with hand and plastic surgeon regarding the right and left wrists was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with Hand and Plastic Surgeon regarding the Right and Left Wrists: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

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

Decision rationale: The patient is a 76-year-old female with a history bilateral carpal tunnel syndrome and worsening right severe wrist pain that is considered for a steroid injection. The patient is noted to have previously undergone medical management, a home exercise program and physical therapy. The patient is documented to have previously had a relationship with the requested hand surgeon and recommendation is made for a return evaluation. From page 270, ACOEM, Chapter 11, Referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature, Fail to respond to conservative management, including worksite modifications, Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. The patient is not noted to have red flags of a serious nature but is noted to have failed some conservative management including medical management and physical therapy. The patient is noted to have severe, progressive wrist pain. The requesting physician has adequately documented this failure and has recommended a consideration for a steroid injection. This is a part of conservative management that should be the responsibility of the hand surgeon, as he has already established a relationship with the patient. Therefore, continued evaluation by the hand surgeon should be considered medically necessary.