

Case Number:	CM15-0077237		
Date Assigned:	04/28/2015	Date of Injury:	08/22/2012
Decision Date:	05/28/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/22/2015

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: Texas, Illinois

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 is a 31-year-old female, who sustained an industrial injury on August 22, 2012. She reported wrist, pain, neck pain, right shoulder pain and right upper extremity pain with associated weakness, loss of grip, numbness and tingling. The injured worker was diagnosed as having right shoulder sprain, acromioclavicular joint arthritis, right shoulder impingement, cervical radiculopathy, myalgia, anxiety, carpal tunnel syndrome, sprain of the right wrist and tenosynovitis of the hand and wrist. Treatment to date has included TENS unit, physical therapy, chiropractic care, injections, medications and work restrictions. Currently, the injured worker complains of continued neck, right shoulder and bilateral upper extremity and hand pain with associated numbness, tingling and weakness. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on March 10, 2015, revealed continued pain as noted. She reported having discussion of surgical intervention however has not yet proceeded with that option. A referral to a hand specialist for evaluation of bilateral wrists was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Hand Specialist to Assess both wrists: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262; 270-271.

Decision rationale: The injured worker sustained a work related injury on August 22, 2012. The medical records provided indicate the diagnosis of right shoulder sprain, acromioclavicular joint arthritis, right shoulder impingement, cervical radiculopathy, myalgia, anxiety, carpal tunnel syndrome, sprain of the right wrist and tenosynovitis of the hand and wrist. Treatment to date has included TENS unit, physical therapy, chiropractic care, injections, medications and work restrictions. The medical records provided for review do not indicate a medical necessity for Referral to Hand Specialist to assess both wrists. The medical records indicate the injured worker had right carpal tunnel release in 2012; currently she complains of pain in her extremities. The physical examination was positive for phalen's and Tinels signs; the Nerve studies revealed absence of median nerve and ulnar nerve involvement, but presence of C6 Radiculopathy on the right; the Cervical MRI of 03/15 revealed disc bulging with mild impingement and foraminal narrowing at C5-C6. The MTUS states that pain is not a feature of carpal tunnel syndrome; the absence of nerve involvement in nerve studies precludes surgery. Also, the carpal tunnel surgery was for the right hand, but the referral is for both wrists. Therefore, the request is not medically necessary.