

Case Number:	CM15-0091647		
Date Assigned:	07/14/2015	Date of Injury:	07/21/2009
Decision Date:	08/07/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/12/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 40 year old female, who sustained an industrial injury on July 21, 2009. She reported injuries to her bilateral upper extremities and was diagnosed with bilateral carpal tunnel syndrome and bilateral neuritis. Treatment to date has included EMG/NCV of the bilateral upper extremities, and NSAIDS. An evaluation on March 4, 2015 revealed the injured worker complained of bilateral right and left wrist pain. She described the pain as intermittent mild pain and had associated heaviness and numbness of the right wrist and numbness and tingling of the left wrist. She rates her bilateral upper extremity pain a 2 on a 10-point scale. On physical examination the injured worker had a decreased range of motion of the left and right wrists. Tinel's test and Phalen's tests were positive bilaterally. An EMG/NCV of the bilateral upper extremities on July 9, 2014 revealed an abnormal NCV of the bilateral upper extremities in a pattern consistent with bilateral median neuropathies. The diagnoses associated with the request include bilateral carpal tunnel syndrome. The treatment plan included Ibuprofen and orthopedic surgeon consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Consultation with an orthopedic surgeon (right wrists/hands) (DOS: 4/8/15):
 Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation (ODG-TWC), Forearm, Wrist, & Hand Procedure Summary Online Version, Office visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: Per the ACOEM : The health practitioner may refer to other specialist 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. The patient upon review of the provided medical records has ongoing wrist pain despite conservative therapy. The consultation with orthopedic wrist specialist would thus be medically necessary and appropriate.