MAXIMUS Federal Services

Case Number:	CM14-0141639		
Date Assigned:	09/10/2014	Date of Injury:	06/20/2013
Decision Date:	10/07/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

There were 458 pages provided for this review. The request for independent medical evaluation was signed on August 27, 2014. It was for one surgery consult. and also the 60 Hydrocodone\Bit\Acetaminophen 10\325 mg was marked delayed or conditionally non certified. Finally, Carisoprodol was also delayed\conditionally non certified. Per the records provided, the claimant was described as a 35-year-old female injured on June 20, 2013. There were prospective requests for bilateral wrist braces, a surgery consult and medicines. The claimant was being treated for carpal tunnel syndrome. The patient presented per the report from July 15 with bilateral upper extremity numbness and tingling. There were positive Phalen and Tinel tests. The symptoms of the carpal tunnel were allegedly said to affect the entire extremity. There was an August 4, 2014 electrodiagnostic study which showed moderate compromise of the right median motor and sensory fibers across the wrist. There were normal conduction velocities of the left median motor and sensory fibers across the wrist. There were normal motor and sensory nerve conduction studies for the right hand and the left ulnar and radial motor and sensory fibers. There is chronic denervation of the left C5-C6 dermatomes in the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery consult: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127

Decision rationale: ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists 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, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. The surgical lesion that would be repaired is not clear. Also, carpal tunnel syndrome does not produce entire extremity symptoms. In this clinical presentation, carpal tunnel syndrome surgery is questionable. Further, this request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. At present, the request is not medically necessary.