

<b>Case Number:</b>	CM14-0155364		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	07/26/2008
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Plastic Surgery, has a subspecialty in Reconstructive Surgery and is licensed to practice in Maryland. 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:

The patient is a 53 year old female with a reported date of injury on 7/26/08 who requested follow-up for 3 visits with the hand surgeon. Progress report dated 8/15/14 notes that the patient was seen in follow-up of neck, mid and low back pain with bilateral upper and lower extremity complaints. She is being followed by a hand surgeon for bilateral hand complaints. The patient has left sided neck pain that radiates down both upper extremities. She has associated numbness and finds it difficult to hold things in her hands due to wrist pain. Examination notes weakness in wrist flexion and extension, as well as numbness in the right C6 and C7 dermatomes. Diagnosis includes cervical stenosis among other diagnoses. Plan, with respect to her hand and wrist complaints, is to follow-up with the hand surgeon for a surgical discussion. Agreed medical examination dated 7/2/14 notes neck pain radiating down both upper extremities with associated numbness, tingling and weakness. She complains of bilateral wrist pain with numbness, tingling and weakness. She takes medications for pain and uses a left wrist brace. She was previously recommended for wrist surgery. Examination of the wrists notes diffuse tenderness bilaterally with decreased range of motion. Tinel's test is negative bilaterally and Phalen's sign is positive on the left. Grip strength is documented to be 0 bilaterally with Jamar. Previous electrodiagnostic studies from 2009 note possible early carpal tunnel syndrome. Relevant diagnoses related to the upper extremities include previous electrodiagnostic evidence of possible early left carpal tunnel syndrome with positive Phalen's test and right wrist/hand sprain/strain. Progress report dated 4/11/14 notes bilateral upper extremity complaints including an increase in tingling of both hands. She would like to discuss possible carpal tunnel surgery. She takes medications for pain and to improve her activities of daily living. Examination notes decreased sensation in the C6 and C7 dermatomes, as well as motor weakness in both wrists in flexion and extension. Recommendation is made for follow-up with her hand surgeon.

Utilization review dated 9/2/14 did not certify three follow up visits with hand surgeon but modified to one visit. Reasoning given was that 'the requested 3 follow-up visits is not supported at this time as the subsequent office visits will be based on the preceding clinical and functional assessment, as well as the corresponding treatment recommendations.' The physician had been contacted and agreed to modify to one visit.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Three (3) follow up visits with hand surgeon:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 267 and 270..

**Decision rationale:** The patient is a 53 year old female with chronic complaints of the bilateral wrists and hands that appear to have progressed. She has signs and symptoms documented on multiple examinations that should be further evaluated by a hand surgeon. Further follow-up and intervention should then be based on this assessment. From ACOEM, Chapter 11, page 267 with respect to follow-up visits from forearm, hand and wrist complaints: Patients with potentially work-related forearm, wrist, and hand complaints should have follow-up every three to five days by a mid-level practitioner, or by a physical or hand therapist who can counsel them about avoiding static positions, medication use, activity modification, and other concerns. Take care to answer questions and make these sessions interactive so that the patient is duly involved in his or her recovery. If the patient has returned to work, these interactions may be done on site or by telephone, to avoid interfering with modified- or full-work activities. Physician follow-up can occur when the patient needs a release to modified, increased, or full duty, or after appreciable healing or recovery can be expected, on average. Physician follow-up might be expected every four to seven days if the patient is off work and seven to fourteen days if the patient is working. From page 270: 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 work site 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. Based on these guidelines, 3 specific follow-up visits should not be considered medically necessary. However, there is evidence that the patient does need to be re-evaluated for her bilateral upper extremity complaints that have progressed. Further treatment considerations and follow-up can then be based on this re-assessment.