

Case Number:	CM14-0120911		
Date Assigned:	09/16/2014	Date of Injury:	08/10/2012
Decision Date:	11/09/2015	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/31/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 28 year old female, who sustained an industrial injury on 8-10-2012. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include right wrist carpal tunnel syndrome, status post carpal tunnel release. Treatments to date include activity modification, Cyclobenzaprine HCL, anti-inflammatory, and physical therapy. Currently, she complained of ongoing pain in the right wrist, hand, with some improvement noted. One evaluation indicated pain was rated 8 out of 10 VAS in March 2014 and the rated pain on 5-7-14, 6 out of 10 VAS. On 5-7-14, the physical examination documented improvement in the range of motion. The plan of care included physical therapy and follow up with post-operative care. The appeal requested authorization for an Orthopedic Consultation. The Utilization Review dated 7-2-14, denied the request indicating that the available records did not support that the American College of Occupational and Environmental Medicine (ACOEM) Guidelines and Official Disability Guidelines (ODG) were met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127.

Decision rationale: The patient presents with right wrist/hand pain. The request is for orthopedic consultation. The request for authorization is not provided. The patient is status post right carpal tunnel release. Physical examination reveals tenderness, decreased range of motion with pain, decreased grip. Per progress report dated 05/07/14, patient to remain off-work. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127 has the following: 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. Treater does not discuss the request. Provided medical records are handwritten and mostly illegible. It would appear that the current treater feels uncomfortable with the patient's medical issues and has requested an Orthopedic Consultation. The patient continues with right wrist/hand pain. Given the patient's condition, the request for an Orthopedic Consultation appears reasonable. Therefore, the request IS medically necessary.