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| Case Number: | CM13-0003209 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 08/01/2011 |
| Decision Date: | 02/24/2014 | UR Denial Date: | 07/02/2013 |
| Priority: | Standard | Application Received: | 07/25/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management 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 physician 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:

This is a 53 year-old female with a 8/1/11 industrial injury. She has been diagnosed with left shoulder strain; failed left elbow surgery; left wrist/hand surgery; left carpal tunnel syndrome (CTS); and other problems. The IMR application shows a dispute with the 7/2/13 UR decision, which is from [REDACTED] and was for denial of a pain management follow-up visit. The 4/11/13 report from [REDACTED] shows 7/10 pain in the left shoulder, elbow, and wrist. She has positive apprehension test at the left shoulder, positive Phalen's at the left wrist and Tinel's at the left elbow. 2/7/13 EMG/NCV was reported to show bilateral CTS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management follow up: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: The patient is reported to have failed elbow surgery. The physician reports the pain medications help the shoulder pain, but the elbow pain is reported as constant. ACOEM guidelines state a referral can be made "when the plan or course of care may benefit from

additional expertise." The request for a pain management specialist appears to be in accordance with ACOEM guidelines.