MAXIMUS Federal Services

Case Number:	CM13-0011873		
Date Assigned:	09/24/2013	Date of Injury:	08/01/2011
Decision Date:	04/07/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/15/2013

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:

The applicant is a represented [redacted] employee who had filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of August 1, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; and transfer of care to and from various providers in various specialties; a cubital tunnel release surgery; and extensive periods of time off of work, on total temporary disability. In a utilization review report of July 23, 2013, the claims administrator retrospectively denied a hand and wrist disability questionnaire apparently administered on June 13, 2013. The applicant's attorney subsequently appealed. On June 13, 2013, the applicant was described by the attending provider as having a visible tremor. The applicant was having severe tenderness about the ulnar aspect of the wrist and medial epicondyle with 4/5 grip strength noted. The applicant was given diagnosis of upper extremity chronic regional pain syndrome and ulnar nerve entrapment status post earlier cubital tunnel release surgery. Neurontin was apparently endorsed while the applicant was placed off of work, on total temporary disability. In a disability questionnaire of June 13, 2013, the applicant stated that she could not open any jars because of moderate pain and weakness. The applicant cannot write as much owing to weakness. The applicant states that she is only able to grip a telephone with weakness and has difficulty holding book secondary to pain. Doing activities such as buttoning causes heightened pain, the applicant further stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective one (1) hand and wrist disability questionnaire between 6/13/2013 and 6/13/2013: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Functional Capacity Evaluation (FCE)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures Topic Page(s): 5, 48.

Decision rationale: As noted on page 5 of the MTUS Chronic Pain Medical Treatment Guidelines, "simple screening questionnaires" may be used to identify those applicants who are at risk for delayed recovery. Those applicants who are considered at risk for delayed recovery should be aggressively managed to avoid "needless disability," it is further noted on page 5 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 48 of the MTUS Chronic Pain Medical Treatment Guidelines further endorses usage of questionnaires to detect an applicant's self-assessment of functional status. For all the stated reasons, then, the proposed hand and wrist disability questionnaire was indicated, was medically necessary, and medically appropriate here. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.