MAXIMUS Federal Services

Case Number:	CM13-0019111		
Date Assigned:	12/27/2013	Date of Injury:	07/07/2011
Decision Date:	04/03/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/03/2013

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 Emergency Medicine and is licensed to practice in New York and Tenessee. 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:

The patient is a 32-year-old female who was injured on July 7, 2011. The patient sustained a stretch injury to the left upper extremity and fracture to the midshaft of the left fourth metacarpal. Her right upper extremity became injured from overuse. Physical examination showed tenderness and weakness to the left shoulder, tenderness to the left fourth metacarpal area, and tenderness of the left trapezius. Diagnoses included sprain of left shoulder, left medial epicondylitis, left lateral epicondylitis, crush injury of the left wrist, and overuse injury to the right shoulder and arm. Treatment included medications and injections. The patient continued to experience pain in her upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation provided on 8/19/2013: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date; Evaluation of Chronic Pain in Adults.

Decision rationale: Neither the California MTUS nor the Official Disability Guidelines address referrals to pain specialists. Many patients with chronic pain may be managed without a specialty referral. Patients may require referral to a pain specialist for the following reasons: (1)

Symptoms that are debilitating; (2) Symptoms located at multiple sites; (3) Symptoms that do not respond to initial therapies; or (4) Escalating need for pain medication. In this case, the patient had pain at multiple sites of the upper extremities. They were responding to therapies and there was no escalation for pain medication. She was able to work with restrictions. Therefore, the pain management consultation provided on 8/19/2013 was not medically necessary or appropriate.