

Case Number:	CM13-0029701		
Date Assigned:	11/01/2013	Date of Injury:	11/12/2012
Decision Date:	04/07/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/25/2013

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, has a subspecialty in 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 patient with a date of injury of November 12, 2012. A utilization review determination dated September 18, 2013 recommends non-certification of pain management consult for bilateral wrists. Non-certification is recommended since the injured worker is not on any narcotic medication and has been recommended to have surgery by the QME. A QME dated June 25, 2013 indicates that the patient's chief complaints include aching in the right palm, right wrist, and right forearm which causes numbness and tingling in the 4th and 5th digits of the right hand. The patient has undergone physical therapy which did not help, and uses medications which provided some relief. The diagnosis includes De Quervain's disease, mild right carpal tunnel syndrome, and possible ulnar nerve entrapment. The treatment recommendations include x-ray, repeat EMG/NCS, and lab work. A progress report dated August 13, 2013 indicates that the over-the-counter medication is no longer effective. A supplemental QME report dated July 30, 2013 indicates that the patient has a triangular fibrocartilage perforation, and mild ulnar neuropathy. Treatment recommendations include surgical intervention for de Quervain's of the right wrist, since the patient declined injection. A case management note dated September 18, 2013 includes a teleconference regarding the request for pain management referral. [REDACTED] is a physiatrist. The note indicates that the patient requires some form of treatment such as pain management as it may be many months before the authorization for a surgeon is approved. The note indicates that the patient's pain is 7/10 and constant with 30-50% reduction in range of motion. A progress report dated September 24, 2013 indicates that the patient agrees to try advil as recommended by the UR physician as Tylenol is no longer working. Objective examination findings identify swelling and enlargement of the right thenar eminence, reduced sensation in the ring and little fingers, and reduced muscle strength in the right upper extremity. Diagnoses include CTS, Ulnar nerve injury, and wrist/forearm internal derangement. The treatment plan

indicates that a surgical consultation has been requested and pain management was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consult for Bilateral Wrists: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC 2013.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 127. Decision based on Non-MTUS Citation State of Colorado, Chronic Pain Disorder Medical Treatment Guidelines, Exhibit Page Number 52.

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for referral to physiatrist for consultation and treatment of the cervical and lumbar spines, and right shoulder, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, the patient has ongoing pain in the wrist and upper extremity that has not resolved with the conservative treatment offered. It appears that the patient is a surgical candidate, but surgical consultation has not yet been authorized. Therefore, a pain management evaluation for further treatment options seems to be a reasonable course of action. As such, the currently requested pain management consultation is medically necessary.