

Case Number:	CM13-0029797		
Date Assigned:	11/01/2013	Date of Injury:	07/06/2012
Decision Date:	06/04/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/27/2013

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 Orthopedic Surgery, has a subspecialty in Hand Surgery 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 records presented for review reflect an injury to the bilateral wrists, hands and elbows. The surgical intervention was noted to have been completed to the bilateral carpal tunnels. Subsequent to the most recent surgery in July 2013, there are ongoing complaints of pain. The range of motion is limited, within normal limits and there is no evidence of a complex regional pain syndrome. The most recent progress note presented for review indicated a full range of motion of the bilateral elbows and bilateral wrists. There was a positive Finkelstein's test, Phalen's test, Tinel's test, as well as carpal compression test noted. There was no reflection that imaging studies of the bilateral wrists identified any particular acute pathology. A steroid injection was performed in September of 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) Pain Management follow-up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION PROGRAMS Page(s): 30-32.

Decision rationale: The Chronic Pain Guidelines indicate that chronic pain programs are recommended where there is access to programs with proven successful outcomes, for patients

with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria. When considering the date of injury, the injury sustained, the surgical intervention, as well as the most recent physical assessment provided for review, there is insufficient clinical evidence presented to suggest the need for indefinite follow-up. The pathology has been addressed, the physical examination is unchanged and there is a normal range of motion. As such, based on the limited clinical records presented for review, this request is not indicated.