

Case Number:	CM13-0031118		
Date Assigned:	12/04/2013	Date of Injury:	06/02/2013
Decision Date:	01/22/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/02/2013

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 Internal Medicine, Pulmonary Diseases 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:

The patient is a 24-year-old male who reported an injury on 06/02/2013 due to a slip and fall causing injury to the right knee, right wrist, and right arm. The patient underwent x-rays and no acute fractures were noted. The patient was initially treated with over-the-counter ibuprofen and ice. The patient's most recent clinical examination findings include 3+ tenderness to palpation of the right wrist with a positive Phalen's sign and 3+ tenderness to palpation of the anterior knee along the medial joint line with a positive McMurray's test. The patient underwent an MRI that had no abnormal findings. The patient's diagnoses included right wrist sprain/strain, right wrist tenosynovitis, right knee pain, and right knee sprain/strain. The patient's treatment plan included shockwave therapy, pain medications, physical therapy, and acupuncture. A consultation with a pain management specialist was also recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 163.

Decision rationale: The Physician Reviewer's decision rationale: The requested Medication Consultation is not medically necessary or appropriate. The patient has persistent wrist and knee

complaints. The American College of Occupational and Environmental Medicine recommends the additional expertise of a specialist be sought when a patient's diagnosis is complicated by psychiatric factors or would benefit from specific recommendations of a specialist. The clinical documentation submitted for review did not include any medications aside from Motrin. The documentation did not clearly identify how the contribution of a medication consultation would contribute to the patient's treatment planning. As there is no documentation that the patient has a complicated medication history or is on any medications that require monitoring and there is no documentation of aberrant behavior, a medication consultation would not be indicated. As such, the requested Medication Consultation is not medically necessary or appropriate.