MAXIMUS Federal Services

Case Number:	CM13-0033839		
Date Assigned:	12/06/2013	Date of Injury:	12/07/2012
Decision Date:	07/22/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/10/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 53-year-old male who reported an injury on 12/07/2012. The mechanism of injury was not specifically stated. Current diagnoses include left forearm/wrist sprain, left elbow medial and lateral epicondylitis, bilateral shoulder periscapular strain, and cervical spine/trapezius sprain. The injured worker was evaluated on 02/28/2014 with complaints of persistent left upper extremity pain. Physical examination revealed limited lumbar range of motion, negative straight leg raising, positive SI stress testing, positive Yeoman's testing, positive Gaenslen's testing, tenderness of the lateral and medial epicondyle of the left elbow, positive Cozen's and reverse Cozen's testing, tenderness to palpation of the left wrist, positive Phalen's and Finklestein's testing, limited grip strength on the left, and negative Tinel's testing. Treatment recommendations at that time included a pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PAIN MANAGEMENT CONSULTATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the patient is pending authorization for a pain management consultation for a right SI injection. However, there is no mention of an exhaustion of conservative treatment prior to the request for a specialty referral. The patient has reported an improvement in symptoms and reduction in medication use following acupuncture treatment. Based on the clinical information received, the request is not medically necessary.