

Case Number:	CM13-0040441		
Date Assigned:	12/20/2013	Date of Injury:	01/18/2008
Decision Date:	07/29/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/29/2013

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 and is licensed to practice in Mississippi. 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 66-year-old male injured on January 18, 2008. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated October 21, 2013, indicates that there are ongoing complaints of low back pain, neck pain, bilateral shoulder pain, bilateral wrist pain, and a new complaints of right hip pain. The physical examination demonstrated decreased sensation at the right mid anterior thigh, right mid lateral calf and right lateral ankle. The treatment plan included follow-up with a right and left carpal tunnel release and right middle finger trigger finger release. Diagnostic nerve conduction studies noted bilateral carpal tunnel syndrome. A cervical spine MRI noted disc bulges from C2 through C7 with cord compression at C4 - C5 and C5 - C6. Previous treatment has included medication and physical therapy. There was a request for an orthopedic surgery referral due to MRI and nerve conduction study findings. A request had been made for a follow-up with pain management and orthopedic surgery and was not certified in the pre-authorization process on October 4, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain medicine follow up consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Independent medical examinations and consultations.

Decision rationale: It is unclear why there is a request for a pain medicine follow up consultation. There is no documentation regarding the previous visit at pain management nor are there any comments regarding the efficacy of prior treatments or current pain medications. For these multiple reasons this request for a pain medicine follow up consultation is not medically necessary.

Hand orthopedic follow up consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Independent medical examinations and consultations Page(s): 127.

Decision rationale: It is unclear why there is a request for a follow-up with orthopedic hand surgery. There is no documentation regarding the injured employee's current hand problems or efficacy of prior nonsurgical treatments for them. Nor is there any mention of the results of a previous orthopedic referral. For these multiple reasons this request for a hand orthopedic follow up consultation is not medically necessary.