

Case Number:	CM13-0060897		
Date Assigned:	12/30/2013	Date of Injury:	09/23/2013
Decision Date:	04/21/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/04/2013

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 & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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 patient is a 42-year-old female who reported an injury on 09/23/2013. The mechanism of injury information is not provided in the medical record. A review of the medical record reveals the patient's diagnoses include sprain of bilateral wrists, lumbar spine sprain, and neck strain. The most recent clinical note dated 11/13/2013 reveals the patient continued to have complaints of moderate pain to the wrists and elbows. The patient is receiving physical therapy and acupuncture treatments. There was noted tenderness to palpation of the wrists, the interphalangeal joints, metacarpal phalangeal joints, and the carpal metacarpal joints. Special testing revealed a negative Tinel's sign for median nerve compression, and a negative Finkelstein maneuver for stenosing tenosynovitis. The patient states his pain ranges from 2/10 to 5/10 on the pain scale, but improving. It was noted that the patient had increased range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFER OF CARE TO IN HOUSE PHYSICAL MEDICINE & REHABILITATION:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visit

Decision rationale: The California MTUS/ACOEM states that referral may be appropriate if a practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to treatment plan. Per the Official Disability Guidelines, it stated that office visits are recommended as determined to be medically necessary. The determination is also based on what medication the patient is taking, since some of the medications, such as opioids or medicines such as certain antibiotics, require close monitoring. As there is documented continued functional deficit and complaints of significant pain after completion of conservative treatment to include acupuncture treatment, physical therapy, and medication management, there is a medical necessity for the requested service. As such, the request for Transfer of Care to in house physical medicine & rehabilitation is medically necessary and appropriate.