

Case Number:	CM14-0000155		
Date Assigned:	01/10/2014	Date of Injury:	05/08/2010
Decision Date:	05/30/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	12/26/2013

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. 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 claimant is a 42 year old female with an injury reported on 05/08/2010. The mechanism of injury is not provided in clinical information. The clinical note dated 08/14/2012, reported the injured worker complained of pain the spine and right upper extremity. Neurological examination of the upper extremities revealed global sensory loss in the right arm. Bilateral wrist with a positive Tinel's sign and the Phalen's test was negative bilaterally. Diagnoses included gastritis, insomnia, headache, anxiety, carpal tunnel syndrome, and seizures. The request for authorization was submitted on 12/31/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACOLOGY MANAGEMENT - INCLUDE MEDICAL MANAGEMENT, MONITORING, AND ADJUSTMENT X 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: The Official Disability Guidelines recommend an office visit as determined to be medically necessary. Evaluation and management outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. In this case, the clinical note provided is dated 08/14/2012; there is a lack of recent clinical notes provided to determine clinical needs. Moreover, without adequate information, medical necessity cannot be established. Therefore, the request for pharmacology management-including medical management, monitoring and adjustment, quantity 3 is not medically necessary and appropriate.