

Case Number:	CM14-0007551		
Date Assigned:	02/10/2014	Date of Injury:	10/21/2012
Decision Date:	07/24/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/21/2014

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 Occupational Medicine 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 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 36-year-old male who has submitted a claim for tenosynovitis of the hand/wrist , thoracic sprain/strain, rule out lumbar radiculopathy, lumbar sprain/strain, and bilateral internal derangement of the wrist, associated with an industrial injury date of October 21, 2012. The medical records from 2012 to 2013 were reviewed. The patient complained of constant pain at the thoracic spine, lumbar spine, and bilateral wrist, graded 5/10 in severity. The pain was described as achy, sharp, and throbbing with pressure. Aggravating factors included prolonged standing, sitting, driving, gripping, and exercise. A Physical examination revealed tenderness at the right hypo-thenar eminence. Range of motion of both the thoracic and lumbar spine were restricted. Motor strength, reflexes, and sensation were normal. Tinel's and Phalen's tests were equivocal. The Treatment to date has included physical therapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPECIAL SERVICE/ PROC/REPORT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, pages 127 and 156.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, pages 127 and 156.

Decision rationale: The California MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. It is unclear if this is a request for a referral, office visit, interventional / diagnostic procedure or procurement of medications. The date of service is non-specified. Therefore, the request for special service / proc / report is not medically necessary.