MAXIMUS Federal Services

Case Number:	CM14-0007890		
Date Assigned:	05/02/2014	Date of Injury:	12/30/2012
Decision Date:	07/09/2014	UR Denial Date:	12/16/2013
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 Orthopedic Surgery 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 injured worker is a 58 year old female whose date of injury is 12/30/12. The injured worker reports that as a result of doing repetitive work she injured her neck, mid back, and bilateral upper extremities. Note dated 11/21/13 indicates that the injured worker has received six physical therapy visits. Diagnostic impressions include continuous trauma injury to bilateral neck and bilateral upper extremities, status post fall with cervical spine injury, bilateral carpal tunnel syndrome, status post right hand carpal tunnel release with hand stiffness, right wrist volar ganglion cyst, possible radiculopathy bilateral upper extremities, cervical disc disease. Orthopedic re-evaluation dated 01/14/14 indicates the injured worker underwent an injection three weeks prior which seemed to make her pain worse. The injured worker was recommended to undergo cortisone injection to the ring finger A1 pulley. Supplemental report dated 01/25/14 indicates the injured worker has been recommended to undergo right ring trigger finger release.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPINE SPECIALIST 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 CHAPTER 7 Page(s): 127.

Decision rationale: Based on the clinical information provided, the request for spine specialist consultation is not recommended as medically necessary. There is no current, detailed physical examination submitted for review as the most recent clinic note submitted for review is dated January 2014. There are no imaging studies/radiographic reports submitted for review. There is no clear rationale provided to support the requested consultation at this time.

PAIN MANAGEMENT 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 CHAPTER 7 Page(s): 127.

Decision rationale: Based on the clinical information provided, the request for pain management consultation is not recommended as medically necessary. There is no current, detailed physical examination submitted for review as the most recent clinic note submitted for review is dated January 2014. There are no imaging studies/radiographic reports submitted for review. There is no clear rationale provided to support the requested consultation at this time.

HAND SPECIALIST 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 CHAPTER 7 Page(s): 127.

Decision rationale: Based on the clinical information provided, the request for hand specialist consultation is not recommended as medically necessary. There is no current, detailed physical examination submitted for review as the most recent clinic note submitted for review is dated January 2014. There are no imaging studies/radiographic reports submitted for review. There is no clear rationale provided to support the requested consultation at this time.