

Case Number:	CM14-0009645		
Date Assigned:	02/14/2014	Date of Injury:	02/10/2012
Decision Date:	06/24/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/23/2014

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 Physical Medicine & Rehabilitation and Pain Management has a subspecialty in Interventional Spine 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 49-year-old female with date of injury of 02/10/2012. The listed diagnoses per [REDACTED] dated 12/17/2013 are: 1. Left wrist lunate fossa bone cyst. 2. Right wrist ulnar impaction status post arthroscopic wafer resection with open ulnar styloid ossicle excision. 3. Status post arthroscopic wafer resection, 09/13/2013 According to the report, the patient complains of continued increasing pain in her left wrist dorsally and ulnarly. She states it hurts with rotation and she has not been able to get into integrated pain management yet. The physical exam shows the left wrist has exquisite pain at the dorsal distal lunate facet at the distal radius. There is no palpated mass. The patient has difficulty with full supination. Her wrist is quite sore. Her right wrist has lack of full supination with some stiffness and continued pain around the TFC. The MRI of the left wrist dated 08/23/2013 shows a continued bone cyst at the subchondral aspect after the lunate facet of the distal radius. The utilization review denied the request on 01/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW UP TREATMENT VISITS W/PAIN MANAGEMENT SPECIALIST QTY: 12:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , ,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

Decision rationale: This patient presents with chronic left wrist and right wrist pain. The patient is also status post arthroscopic wafer resection from 09/13/2013. The treater is requesting a 12 follow-up treatment with a pain management specialist. The ACOEM Guidelines page 268 on followup visits for the wrist states, "Patients with potentially work-related forearm, wrist, and hand complaints should have follow-up every 3 to 5 days by a mid level practitioner, or by a physical or hand therapist who can counsel them about avoiding static positions, medication use, activity modification, and other concerns. Physician follow-up can occur when the patient needs a release to modify, increase, or full duty, or after appreciable healing or recovery can be expected, on average. Physician follow-up might be expected every 4 to 7 days if the patient is off work, and 7 to 14 days if the patient is working." In this case, the treater is requesting 12 followup visits to evaluate the patient's ongoing concerns. Follow-up visitations are supported and it is how the patient's are evaluated and treated. However, no one can predict whether or not this patient will require 12 follow up visitations. Follow-up visitations are performed one visit at a time with accompanied reports justifying the visit along with treatment recommendations. Therefore, the request of twelve (12) follow up treatment visits with pain management specialist is not medically necessary and appropriate.