

Case Number:	CM14-0100634		
Date Assigned:	07/30/2014	Date of Injury:	05/10/2007
Decision Date:	09/19/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/30/2014

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:

Injured worker is a female with date of injury 5/10/2007. Per primary treating physician's progress report dated 5/15/2014, the injured worker complains of right wrist pain. On examination there is tenderness to palpation over triangular fibrocartilage complex, and generalized tenderness to palpation. Diagnosis is TFCC tear wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids section, Opioids Dosing section Page(s): 78, 86.

Decision rationale: The claims administrator modified the request from pain management evaluation and treatment to a pain management evaluation only. The MTUS guidelines recommend consultation with pain management if opioid are required for extended periods (beyond what is usually required for the condition) or if pain does not improve on opioids in three months. Pain management consultation is also recommended for the rare case when total daily opioid therapy exceeds 120 mg oral morphine equivalents. The injured worker has wrist pain and is diagnosed with TFCC tear. She is provided work and activity restrictions and

exercises. There is no indication that she is being management with opioids, or is in need or opioid medication management. There is no explanation provided of why pain management evaluation and treatment is desired for this injured worker. There is no indication that the injured worker needs pain management evaluation and treatment. The request for pain management evaluation and treatment is determined to not be medically necessary.