

Case Number:	CM14-0109015		
Date Assigned:	08/01/2014	Date of Injury:	04/02/2013
Decision Date:	11/12/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/14/2014

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 Internal Medicine and is licensed to practice in New York. 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 53 year old male who sustained an industrial injury on 04/02/ 2013. The mechanism of injury was he caught his arm between a wall and a duct. His diagnoses are right closed ulna fracture and right wrist pain status post (s/p) carpal tunnel release. He continues to complain of right wrist and hand pain. On physical exam there is pain with range of the motion of the right wrist without motor or sensory deficits. In addition to surgery treatment has consisted of medical therapy with Norco. The treating provider has requested an inpatient detoxification program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Detoxification program, inpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42.

Decision rationale: There is no documentation provided necessitating the requested inpatient detoxification program. The patient is maintained on a low dose of an opioid analgesic. There is no documentation of any significant medical comorbidity for which inpatient hospitalization for

detoxification is medically necessary. There is no specific documentation indicating why detoxification cannot be accomplished from an office based or outpatient basis. Per MTUS Guidelines inpatient detoxification services are indicated if during the withdrawal process there is a concern for intolerable side effects, lack of response to outpatient therapy, aberrant drug behaviors as related to abuse or misuse, refractory comorbid psychiatric illness or a lack of functional improvement. Medical necessity for the requested service has not been established. The requested service is not medically necessary.