

<b>Case Number:</b>	CM14-0011415		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	05/05/2009
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 Preventative Medicine, has a subspecialty in Occupational Medicine 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 (IMR) 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 53 year old female who sustained an injury on May 5, 2009. No specific mechanism of injury was noted. Prior treatment for the injured worker included bilateral carpal tunnel releases and extensive imaging as well as electrodiagnostic studies. The last evaluation was from January 30, 2014, which discussed the orthopedic and psychological treatment history. Another treating physician discussed the maximum medical improvement report. There appeared to be an issue with this maximum medical improvement report due to an active IMR. Due to the delay in processing IMRs the treating physician felt it would be another six to nine months before a final maximum medical improvement report could be completed. The requested PR4 maximum medical improvement (MMI) report for a total of nine hours was not recommended by utilization review on unspecified date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PR4 (WC004) MMI report for a total of 9 hours:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Â§9785.4. Form PR-4 "Primary Treating Physician's Permanent and Stationary Report."

**Decision rationale:** In regards to the MMI report for a total of nine hours, the request is medically necessary. The injured worker was followed by her primary treating physician. According to the primary treating physician's most recent evaluation on January 30, 2014, it appeared that the injured worker was at MMI. There was a question regarding IMR processing that was delaying the primary treating physician's final MMI report. Until the injured worker's IMR issue is addressed, [REDACTED] would still need to file a PR4 report under 9785.4. As such, the request is medically necessary.