

Case Number:	CM14-0012970		
Date Assigned:	02/24/2014	Date of Injury:	02/26/2013
Decision Date:	07/18/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/31/2014

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:

Patient is a 52-year-old male who has submitted a claim for left elbow strain, right hand strain, left wrist/hand strain, right knee surgery, and left knee strain associated with an industrial injury date of February 26, 2013. Medical records from 2013 to 2014 were reviewed. Patient complained of pain at low back area, right wrist, left hand, left elbow, and bilateral knees graded 8/10 in severity. Patient likewise had loss of grip strength in his left hand. Physical examination showed tenderness at right knee. MRI of the left wrist, dated August 23, 2013 showed extensor digitorum tenosynovitis with degeneration of scapholunate and lunotriquetral ligament. X-rays of left elbow, left wrist, and right hand from December 10, 2013 were normal. Right knee x-ray showed total arthroplasty, no fractures or lucency. Left knee x-ray showed degenerative joint disease in lateral and patellofemoral compartments. MRI of the left elbow, dated 06/25/2013, showed mild medial epicondylitis. MRI of the left knee, dated 06/20/2013, showed increased signal within ACL and PCL fibers which may represent a sprain or mucoid degeneration. Treatment to date has included right knee total replacement on 9/30/13, physical therapy, use of interferential unit, and medications. Utilization review from January 21, 2014 denied the request for follow-up chronic pain referral because progress reports from April to October 2013 were not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW UP CHRONIC PAIN REFERRAL WITH [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 89-92.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visits.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, patient complained of pain at low back area, right wrist, left hand, left elbow, and bilateral knees. However, medical records submitted and reviewed failed to provide current treatment regimen, as well as, previous reports from pain management consult. There is no clear rationale for a follow-up visit at present due to insufficient information. There has been no report of worsening subjective complaints or objective findings that may warrant specialist consultation. Therefore, the request for FOLLOW UP CHRONIC PAIN REFERRAL [REDACTED] is not medically necessary