

Case Number:	CM14-0019460		
Date Assigned:	04/23/2014	Date of Injury:	02/04/2013
Decision Date:	07/03/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/15/2014

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:

The patient is an employee of [REDACTED] and has submitted a claim for finger laceration without complication associated with an industrial injury date of February 4, 2013. Treatment to date has included oral analgesics, acupuncture, hand surgeries, physical therapy, home exercise program, TENS and paraffin wax bath. Medical records from 2013 were reviewed and showed continued pain in the right hand with difficulties in gripping, grasping, pinching, writing and keyboarding-like activities with the right hand. Physical examination showed reduced range of motion of the second digit of the right hand and a positive finger stress test. Continuous medical necessity treatment/medications was requested, however the reason for such was not discussed. Utilization review dated January 24, 2014 modified the request for continuous medical necessity treatment/medications to one follow-up visit because the treatment and medications should be clearly documented with a medical rationale and justification for each request as "blanket authorizations" are not supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUOUS MEDICAL NECESSITY TREATMENT/MEDICATIONS: Upheld

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 Official Disability Guidelines (ODG) Pain Chapter, 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, Official Disability Guidelines Pain Chapter, Office Visits was used instead. ODG states that evaluation and management outpatient visits to the offices of medical doctors 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. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case, continuous medical necessity treatment/medications are requested; however, the reason for the request was not discussed. Moreover, there was no discussion regarding the indication or necessity for the requested frequency and duration of these follow-up visits. Furthermore, eventual patient independence from the health care system as soon as clinically feasible is recommended as stated above. The present request is likewise not specific. Therefore, the request for continuous medical necessity treatment/medications is not medically necessary.