

Case Number:	CM14-0110166		
Date Assigned:	09/16/2014	Date of Injury:	01/18/2008
Decision Date:	10/15/2014	UR Denial Date:	06/16/2014
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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 66 year old male with a 1/18/08 injury date. The mechanism of injury is not provided. Only one document was submitted for review that was a follow-up note from 6/2/14 that is largely handwritten and illegible. Subjective complaints appear to be neck, lower back, bilateral shoulder, bilateral wrist/hand, and left knee pain. Objective findings include intact sensation to the right index, thumb, and small fingers. It appears the patient is s/p right carpal tunnel release and has a post-op follow-up scheduled with [REDACTED] on 6/5/14. Diagnostic impression: carpal tunnel syndrome. Treatment to date: carpal tunnel release (2/3/14). A UR decision on 6/16/14 denied the request for orthopedist follow-up for right wrist post-op on the basis that there was no clear rationale as to why the patient needs follow-up after carpal tunnel surgery on 2/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedist Follow up post Operative right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Treatment Workers Compensation (TWC)

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.

Decision rationale: CA MTUS does not address this issue. ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) 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 best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In the present case, there is very little documentation provided that supports this request. Surgical providers have a legal obligation to see post-op patients within the first 90 days after a procedure. However, there is no rationale provided as to why the patient needs to be seen for a right wrist post-op eval at greater than 90 days post-op for a relatively minor surgery. Therefore, the request for orthopedist follow-up postoperative right wrist is not medically necessary.