

<b>Case Number:</b>	CM14-0116381		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	07/11/2011
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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 Physical Medicine & Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 45 year-old individual was reportedly injured on 7/11/2011. The mechanism of injury is noted as repetitive typing. The most recent progress note, dated 6/18/2014. Indicates that there are ongoing complaints of right hand pain. The physical examination demonstrated right hand: positive tenderness to palpation 1st CMC joint. Normal rotation alignment of digits. Full range of motion with discomfort. Positive grind test. Mild tenderness palpation over 1st dorsal compartment. Diagnostic imaging studies mentioned x-rays of the affected forearm which reveal 1st CMC joint moderate degenerative arthritic changes, joint space narrowing. Previous treatment includes bilateral carpal tunnel/cubital tunnel release, and ulnar nerve transposition, medications, injections, physical therapy, and conservative treatment. A request had been made for referral to pain management, and was not certified in the pre-authorization process on 6/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transfer of care to pain management:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical.

**Decision rationale:** MTUS ACOEM guidelines state "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. After review of the medical documentation provided I was unable to determine subjective clinical findings that the injured worker's pain was not controlled with the current pharmaceutical regimen. Therefore lacking any type of "red flags" this request is not medically necessary.