

Case Number:	CM14-0123099		
Date Assigned:	08/08/2014	Date of Injury:	03/06/2014
Decision Date:	09/15/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	08/04/2014

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 and 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 37 year old female was reportedly injured on 3/6/2014. The mechanism of injury is noted as cumulative/repetitive work activities. The most recent progress note, dated 6/27/2014, indicates that there are ongoing complaints of neck and right wrist pain. The physical examination demonstrated cervical spine: positive tenderness to palpation cervical spine on the right, positive tenderness to palpation right shoulder acromioclavicular (AC) joint, positive tenderness to palpation right elbow at lateral epicondyle, positive tenderness to palpation bilateral wrists at snuffbox, and right shoulder positive Neers right wrist positive Tinnel's and Finkelstein's. Diagnostic imaging studies include nerve conduction study of the upper extremity dated 6/12/2014 which revealed right carpal tunnel syndrome. Previous treatment includes chiropractic care, and medications. A request was made for request for internal assessment, and was not certified in the preauthorization process on 7/1/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Assessment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations (Page 127, 156); Official Disability Guidelines: Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 -.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (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 reviewing the medical records provided was unable to determine any subjective or objective clinical complaint or physical exam findings that necessitated the referral for internal assessment. Therefore lacking further documentation this request is deemed not medically necessary.