

Case Number:	CM14-0128320		
Date Assigned:	08/15/2014	Date of Injury:	05/31/2013
Decision Date:	09/15/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/12/2014

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 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:

This is a 34-year-old female with a 5/31/13 date of injury. At the time of request for authorization on 7/2/14, there is documentation of subjective chronic moderate to severe bilateral wrist and hand pain with radiation to the right fingers and objective decreased range of motion of to the right wrist or hand with decreased grip and strength of the right hand, and tenderness to palpation over the dorsal aspect of the right hand findings. MRI on 10/22/13 revealed unremarkable findings. Current diagnoses included; bilateral arm overuse syndrome, right shoulder rotator cuff syndrome, bilateral elbow tendinitis, right wrist synovitis, and bilateral carpal tunnel syndrome. Treatments to date include wrist brace, medications, and steroid injections to the wrist, physical therapy, and activity modification. There is no documentation that the plan or course of care may benefit from additional expertise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office Visit Follow-Up after Right Wrist MRI With Hand Specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OMPG (Second Edition, 2004) Chapter 7.

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) Independent Medical Examinations and Consultations, page(s) 127; Official Disability Guidelines (ODG) Pain Chapter, Office visits.

Decision rationale: ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information reviewed, there is documentation of diagnoses; of bilateral arm overuse syndrome, right shoulder rotator cuff syndrome, bilateral elbow tendinitis, right wrist synovitis, and bilateral carpal tunnel syndrome. There is no documentation of certification of the requested repeat MRI of the right wrist, there is no documentation that the plan or course of care may benefit from additional expertise. Therefore, based on guidelines and a review of the evidence, the request for office visit follow-up after right wrist MRI with Hand Specialist is not medically necessary.