

Case Number:	CM14-0134612		
Date Assigned:	09/03/2014	Date of Injury:	12/05/2011
Decision Date:	09/30/2014	UR Denial Date:	08/02/2014
Priority:	Standard	Application Received:	08/21/2014

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 Anesthesia, has a subspecialty in Acupuncture and Pain 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:

This is a 53 year old female injured worker with a date of injury of 12/5/11 and related left arm pain. Per progress report dated 8/19/14, it was noted that the injured worker continued to have lots of pain in her left arm and she could not use it for much because her hand is in constant flexion like a claw. Her legs feel like they were on fire and she was not steady on her feet. She was to have an upper endoscopy. She related that she could only tolerate cream of wheat and popsicles. Her diagnoses included CRPS of the upper left extremity, GERD, and chronic pain. She has been treated with injections, physical therapy, and medication management. The date of UR decision was 8/2/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up evaluation with a pain management specialist (CPS/left upper extremity):
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Office visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The documentation submitted for review supports the request, consultation is necessary to aid therapeutic management of the injured worker's symptoms. The request is medically necessary.