

Case Number:	CM14-0158473		
Date Assigned:	10/02/2014	Date of Injury:	11/01/2010
Decision Date:	11/04/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/26/2014

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, 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:

The injured worker is a 32-year-old right-hand dominant female with a date of injury on November 1, 2010. Per records dated March 3, 2014, the injured worker complained of right wrist intermittent mild to moderate pain with numbness and tingling radiating to the 4th and 5th digits. The pain was aggravated by repetitive typing and writing. On examination, grip strength testing caused pain at the right wrist. Range of motion was decreased and painful. There was tenderness (+3) of the volar wrist and common wrist flexors. The Tinel's and Phalen's test caused pain. Severe pain was noted in the anatomic snuffbox and axial grind. Occasional pain on ulnar and distal deviation, flexion and wrist extension was noted. Urine drug screening test dated March 10, 2014 noted positive results for tramadol. The July 25, 2014 records indicate the injured worker underwent pre-operative clearance. On August 6, 2014, she underwent chondroplasty. The latest records dated August 20, 2014 indicate that she made a follow-up and reported that her surgery was not approved. An examination noted that she continued with slight tinea pedis to the bilateral feet. Onychomycosis nails 1 through 10 continued to persist. She continued to have pain in the left foot and ankle. She continued to have symptoms of plantar fascial pain. She ambulated with crutches because of knee pain and decreased symptomatic weightbearing status on foot because her pain continued to persist. She has no significant interval improvement. She has difficulty with heel walking, heel standing, squatting, and crouching. She underwent bilateral L5-S1 lumbar epidural steroid injections on August 26, 2014. She is diagnosed with (a) crush injury to the left ankle; (b) instability of the left ankle with ligament injury; (c) status post arthroscopic surgery to the left ankle with residual with derangement of the left ankle; (d) antalgic gait; and (e) plantar fasciitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up with pain management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Chapter 7, Independent Medical Examinations and Consultations, page 127

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, Independent Medical Examinations and Consultations, page 166, and on the Official Disability Guidelines (ODG), Pain Chapter, Office Visits

Decision rationale: Although guidelines indicate the office visits/consultations are warranted, its medical necessity is based on the determination made by the injured worker's provider noting the medical necessity of the consultation. In this case, the injured worker has been referred to four different specialists addressing each specific body part that was injured including a pain management consultation. However, it is unclear as to what can be achieved for a further pain management specialist consultation as the injured worker already underwent epidural injections and she was provided with medications and other treatments that are specific to the injured body parts. It is also unclear as to whether the follow-up visit is related to the lumbar epidural steroid injection performed on August 26, 2014. With this, the medical necessity of the requested follow-up with pain management is not established.