

Case Number:	CM14-0022979		
Date Assigned:	05/14/2014	Date of Injury:	05/17/2013
Decision Date:	07/09/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/24/2014

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 Occupational Medicine, has a subspecialty in Preventive 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 17, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; an MRI of the wrist without contrast of January 14, 2014, notable for small joint effusion, degeneration of the TFCC, and first CMC joint degenerative changes; and extensive periods of time off work. In a utilization review report dated January 30, 2014, the claims administrator denied a request for consultations with a hand and spine specialist. Non-MTUS Chapter 7 ACOEM Guidelines were cited, although the claims administrator did not incorporate the cited guideline into its rationale. The applicant's attorney subsequently appealed. On October 28, 2013, progress note is notable for comments that the applicant was off work, on total temporary disability, and was in the process of attending physical therapy for both the low back and wrist at that point in time. The applicant remained off work effective October 28, 2013. Additional physical therapy was endorsed at that point in time. Later handwritten notes of December 9, 2013, were also notable for comments that the applicant remained off work as at that point in time. Persistent wrist, hand, and low back pain complaints were reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL TO HAND SPECIALIST FOR LEFT WRIST: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints, which proved recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist's evaluation is necessary. In this case, the applicant has persistent hand and wrist complaints. The applicant has failed conservative treatment in the form of physical therapy. The applicant is off work. Obtaining the added expertise of a hand and wrist specialist is indicated. Therefore, the request is medically necessary.

REFERRAL TO SPINE SPECIALIST FOR LUMBAR: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints, which proved recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether specialist's evaluation is necessary. In this case, the applicant is off work and has failed to respond favorably to conservative treatment including time, medications, and physical therapy. Obtaining the added expertise of a spine specialist is therefore indicated. Accordingly, the request is medically necessary.