

Case Number:	CM14-0024972		
Date Assigned:	06/11/2014	Date of Injury:	11/20/2008
Decision Date:	07/15/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/27/2014

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 Family Practice and is licensed to practice in New York. 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 woman with a date of injury of 11/20/08. She has a diagnoses of cervical spine strain, thoracic and lumbar spine disc bulges, probable right knee internal derangement, left knee and left hand strain and status/post left middle finger triggering release surgery. She was seen by her physician on 1/23/14 with very limited documentation in the note. Her physical exam showed that light touch was intact to her left anterior thigh, left lateral calf and left lateral ankle. She had pain in her neck, upper and lower back, knees and left hand. She was working since the last visit. At issue in this request is a blood pressure cuff and follow up appointments with internal medicine, pain management and orthopedic hand surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

BLOOD PRESSURE CUFF: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg Chapter, Durable medical equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Journal of American Medical Association, <http://jama.jamanetwork.com/article.aspx?articleid=1791497>.

Decision rationale: The patient's old medical records indicate that she has hypertension but there are no recent blood pressures documented to indicate instability or why a blood pressure cuff is medically necessary. The physician visit of 1/14 does not substantiate this clinical reasoning or justify the need for a blood pressure cuff. As such, the request is not medically necessary and appropriate.

INTERNAL MEDICINE FOLLOW UP: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Journal of American Medical Association, <http://jama.jamanetwork.com/article.aspx?articleid=1791497>.

Decision rationale: At issue in this review is the request for internal medicine follow up in this injured worker with a history of chronic pain. The old records indicate that she has hypertension but there are no recent blood pressures documented to indicate instability in her medical issues or why an internal medicine follow up is medically necessary. The physician visit of 1/14 does not substantiate this clinical reasoning or justify the need for internal medicine follow up. As such, the request is not medically necessary and appropriate.

PAIN MEDICINE FOLLOW UP: 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 7.

Decision rationale: At issue in this review is the request for a pain medicine follow up in this injured worker with a history of chronic pain. She has been treated with multiple modalities of pain management in the past and has chronic pain but is able to work. Per the chronic pain guidelines, a comprehensive multidisciplinary approach to pain management is indicated for patients with more complex or refractory problems. Her physical exam and medical note of 1/14 does not support this complexity. A pain medicine follow up is not medically necessary.

ORTHOPEDIST HAND FOLLOW UP: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253.

Decision rationale: This injured worker was denied a request for an orthopedic hand follow up. She has a history of left hand strain and status/post left middle finger triggering release surgery. Her limited physical exam in the 1/14 visit did not document any red flag symptoms or signs which would be indications for immediate referral. Per the ACOEM Guidelines, other modalities of conservative therapy could be trialed prior to surgical referral and the medical records do not support the medical necessity of a orthopedic hand follow-up. As such, the request is not medically necessary and appropriate.