

Case Number:	CM14-0028599		
Date Assigned:	06/27/2014	Date of Injury:	02/13/2004
Decision Date:	12/31/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/06/2014

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 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 patient is a 53 year old female with date of injury 2/13/04. The treating physician report dated 2/10/14 indicates that the patient presents with pain affecting the hands. The treating physician states that the patient remains off work until 4-6 weeks. The treating physician report dated 12/30/13 notes the patient was off work and was given the same time table. The physical examination findings reveal C/S tenderness and pain with ROM, substantial pain in both hands, swelling of both hands and inability to form a fist, with slightly shiny and tense skin which are all consistent with arthritic changes and causalgia. A toxicology report dated 2/18/14 shows patient tested negative for all medications except Amitriptyline. There were no documented prior treatments provided. X-ray of bilateral hands is within normal limits. The current diagnoses are: 1. Status post lumbar fusion, possible drop foot on left. C/s compensatory pain2. Shoulders, right greater than left, compensatory pain.3. Right elbow, Right foot compensatory pain4. Compensatory pain, bilateral wrists and hands, status post bilateral ctrThe utilization review report dated 3/6/14 denied the request for a follow-up with [REDACTED] for medication management and a Rheumatological consult based on a lack of documentation of what medications patient is taking and why specific medications require pain management oversight, as well as a lack of documentation of any symptoms to suggest rheumatologic disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rheumatologist Consult: Overturned

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

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) page 127

Decision rationale: The patient presents with chronic pain and swelling in both hands over 10 years post injury. The current request is for a Rheumatologic consult. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. The treating physicians report dated 2/10/14 notes that patient had slipped off shower chair and injured her right hand which led to her right hand swelling. The treating physician then notes symptoms in both hands that are consistent with arthritic changes and causalgia. Treating physician is an Orthopedic Surgeon, who referred the patient to consult with a Rheumatologist to obtain the appropriate blood tests and diagnostic studies. In this case, the treating physician is recommending the patient to another specialist and has stated that the patient would benefit from additional expertise. Therefore, this request is medically necessary.

Continue with [REDACTED] / Medication: Overturned

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

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) page. 127

Decision rationale: The patient presents with chronic pain in shoulders, hands, right elbow, right foot and low back post lumbar fusion. The current request is for continue with [REDACTED] [REDACTED] / Medication. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. The treating physician is an Orthopedic Surgeon who is referring patient to continue with [REDACTED] for medication therapy and pain management. In this case, the treating physician has stated that the patient would benefit from additional expertise and guidance regarding pain management. Therefore, this request is medically necessary.