

<b>Case Number:</b>	CM14-0032931		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	09/07/2010
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Medicine and is licensed to practice in Florida. 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 40-year-old female who was injured on 09/07/2010. She has chronic pain in the right wrist that is described as traveling to the right elbow, right shoulder, and neck. The initial mechanism of injury was described as "removing a tray of bread from the shoulder level when the bread tray slipped and she tried to grab the tray and she felt a pop in her wrist and could not move the right wrist." A right upper extremity MRI and a nerve conduction study were reportedly performed. She was diagnosed with Dequervain's Tenosynovitis. She underwent a surgical procedure on her right wrist on 4/26/2011. She also was treated with cortisone injections, acupuncture, postoperative physical therapy, and medications. She has a normal EMG/NCS of the cervical spine and upper extremities. She was not employed and was noted to be on disability as of a June 29th 2013 qualified medical examiner evaluation. A request was made for a pharmacologic consultation. A utilization review physician did not certify this request. Therefore, an Independent Medical Evaluation was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacological Management:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM GUIDELINES, , 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Timing of Referrals or Specialty Studies Page(s): 434.

**Decision rationale:** California MTUS guidelines state that referral to a specialist is appropriate, "in cases where the health care provider has a lack of training in managing the specific entity, is uncertain about the diagnosis or treatment plan, or red flags are present." In this patient's case there is no documented uncertainty about this patient's diagnosis or treatment plan and no red flags are present. This request for pharmacologic management is not medically necessary.