MAXIMUS Federal Services

Case Number:	CM14-0036538		
Date Assigned:	06/25/2014	Date of Injury:	06/05/2011
Decision Date:	08/26/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/25/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 52-year-old female who reported a repetitive strain injury on 06/05/2011. The current diagnoses include sprain/strain of the shoulder, sprain/strain of the wrist and carpal tunnel syndrome. The injured worker has been previously treated with medication management, physical therapy and splinting. The injured worker was evaluated on 05/07/2014 with complaints of bilateral upper extremity pain. A physical examination on that date revealed tenderness to palpation with spasm, decreased sensation and positive Tinel's and Phalen's testing in the bilateral upper extremities. The treatment recommendations included continuation of home exercise and a return office visit on an as needed basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Primary Follow-up: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

Decision rationale: The California MTUS Guidelines indicate physician Follow-ups can occur when the patient needs a release to be modified, increased or full duty, or after appreciable

healing or recovery can be expected. As per the documentation submitted, there was no evidence of a significant change or worsening of physical examination findings or symptoms. There also was no change in the injured worker's physical examination on the requesting date and no indication that this injured worker is currently being treated with physical modalities or oral medication. The injured worker was instructed to continue a home exercise program. The medical necessity for the requested Follow-up visit has not been established therefore it is not medically necessary.