

Case Number:	CM14-0041990		
Date Assigned:	06/30/2014	Date of Injury:	05/25/2011
Decision Date:	08/20/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	04/09/2014

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 Nevada. 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 45-year-old female who was reportedly injured on June 25, 2011. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated May 12, 2014, indicates that there are ongoing complaints of low back pain, right arm pain and right wrist pain. Current medications include Norco, gabapentin, omeprazole and Prilosec. The physical examination demonstrated tenderness along the right side of the cervical spine with levator scapulae and trapezius muscle spasms. There was a positive right-sided Spurling's test. Examination of the wrists noted a positive Tinel's sign on the right and left and a positive Tinel's sign at the right elbow. There was decreased right shoulder range of motion with a positive impingement sign and tenderness at the acromioclavicular joint. There was decreased lumbar spine range of motion. X-rays of the cervical spine, right forearm and lumbar spine were unremarkable. Nerve conduction studies of the upper extremities noted mild right carpal tunnel syndrome. A magnetic resonance image of the cervical spine noted disc protrusions from C3-C7. Previous treatment includes physical therapy and wrist bracing. A request had been made for a referral to pain management and a consult for right elbow and wrist pain and was not certified in the pre-authorization process on February 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult and treatment with [REDACTED] for right elbow and right wrist: Upheld

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 ACOEM Practice Guidelines, 2nd Edition (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical.

Decision rationale: According to the most recent progress note dated May 12, 2014, the injured worker was seen by a qualified medical evaluator who is a board certified orthopedic surgeon. Therefore it is unclear why there should be a referral to a [REDACTED] who is assumed to be another orthopedic surgeon. Without additional information and justification, this request for consultation treatment with [REDACTED] for the right elbow and right wrist is not medically necessary.

Referral to pain management: Upheld

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 ACOEM Practice Guidelines, 2nd Edition (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, pg. 127.

Decision rationale: According to the most recent progress note dated May 12, 2014, there are no stated issues regarding lack of pain control with the injured employee's current medication regimen. Without additional justification, this request for a referral to pain management is not medically necessary.