

Case Number:	CM14-0063837		
Date Assigned:	07/11/2014	Date of Injury:	07/14/2013
Decision Date:	09/17/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/06/2014

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 & 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 49-year-old male who reported an injury on 07/14/2013 due to an injury he sustained while falling off a truck and landing outstretched on his right hand. The injured worker has diagnoses of right wrist sprain, wrist synovitis, and status post ORIF, distal radius. Past medical treatment to date includes physical therapy, the use of a wrist splint, cortisone injections, and medication therapy. The submitted report stated that the injured worker was not currently taking any medications. An MRI done on 05/20/2013 revealed that at L4-5 there was a small left lateral disc protrusion with annular fissure that was associated with moderate neural foraminal narrowing on the left. At L5-S1 there was disc desiccation. A disc protrusion that was broad-based and associated with an annular fissure. In 1992 the injured worker underwent open reduction and internal fixation with 1 screw to the right wrist. The injured worker reported having hardly any pain in the fingers. He rated his pain at 1/10. He also stated that he was not taking any medication. Physical examination dated 03/18/2014 revealed that the injured worker had a range of motion of his right wrist of a flexion of 60 degrees, extension 60 degrees, ulnar nerve deviation at 25 degrees, radial deviation of 15 degrees, pronation 80 degrees, and supination of 60 degrees. It was also noted that there was no tenderness to palpation anywhere in the wrist. There was no swelling, no erythema, and no evidence of recent injury. Examination of the upper extremities revealed that sensation was intact to light touch and pinprick in all dermatomes in the bilateral upper extremities. Motor strength of the infraspinatus, supraspinatus, elbow flexors, elbow extensors, elbow pronators, elbow supinator, and wrist flexors were 5/5 bilaterally. Deep tendon reflexes revealed biceps triceps, and brachial radialis were 2+ bilaterally. The radial and ulnar pulses were 2+ bilaterally, and Phalen's test, Tinel's, and Finkelstein's were negative bilaterally. The treatment plan included the injured worker to receive a pain management consult and possible epidural steroid/facet injection. The provider

thinks due to the injured worker's history and medical records that it might appear that the injured worker did sustain an injury on the right wrist and hand arising out of and caused by industrial exposure of 11/21/2013. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management treatment and possible epidural steroid/facet injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: The California MTUS Chronic Pain Guidelines state if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The progress note dated 03/18/2014 stated that the injured worker's pain was at a 1/10 and denied any new illness or injury. There were no new problems or side effects. The injured worker also stated that he was no longer taking any pain medication. There were no neurological symptoms. The injured worker was tolerating his return to work. Based on the injured worker's pain being adequately controlled with his current treatment, a pain management consultation would not be supported. Therefore, the request is not medically necessary.