

Case Number:	CM14-0069550		
Date Assigned:	07/14/2014	Date of Injury:	09/28/2012
Decision Date:	10/03/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/14/2014

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, Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 54 year old male who reported injury on 09/28/2012. The mechanism of injury was not specified. His diagnoses included carpal tunnel syndrome, chronic cervical sprain and degenerative disc disease. His past treatments included medications, physical therapy, splints/brace and a home exercise program. His diagnostic studies included x-rays of his back on 10/22/2012, a nerve study on 01/09/2013 and an MRI of both wrists on 01/24/2013. His past surgeries included right thumb surgery, right nipple mass removal, tonsil surgery, and multiple right shoulder surgeries. On 05/06/2014, the injured worker complained of bilateral wrist pain that worsened with movement, and it was noted that he reported 10% pain relief with medication use. The physical exam revealed bilateral weakness in grip and tenderness with flexion. His medications included Norco, Robaxin, Trileptal 300mg. The treatment plan was to consider the use of Neurontin 300mg, agree to wear the braces at night and his carpal tunnel syndrome management would be referred to an orthopedic physician. The rationale for the request, and the request for authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pain management referral for cervical spine and right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & upper back, Office Visits

Decision rationale: The injured worker has a history of carpal tunnel syndrome, chronic cervical sprain and degenerative disc disease. The Official Disability Guidelines recommend office visits as determined to be medically necessary. Evaluation and management of outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The injured worker had complaints of bilateral constant sharp and dull wrist pain that gets worst with moving, standing, walking and standing. The guidelines state the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. However, the objective findings and subjective complaints were conclusive with his diagnoses of bilateral carpal tunnel syndrome. Additionally, the physical exam had no indication of any cervical spine deficiencies, back pain or elbow deficits to warrant approval. Furthermore, the rationale and treatment plan did not reference the back or elbow insufficiencies to justify a visit with a pain management specialist. As such, the request for 1 pain management referral for the cervical spine and right elbow is not medically necessary.