

Case Number:	CM14-0074844		
Date Assigned:	07/16/2014	Date of Injury:	01/01/2006
Decision Date:	08/22/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/22/2014

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 Psychiatry, Neurology, and Addiction, has a subspecialty in Geriatric Psychiatry, and is licensed to practice in California and Texas. 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 55 year old female whose date of injury is 1/1/06. The injury occurred in the course of employment as a clerical typist/principal clerk/supervisor with [REDACTED]. Her primary diagnosis is sprain of the wrist not otherwise specified. A request for authorization was submitted on 03/07/14 by [REDACTED] after the patient presented for re-evaluation on 3/5/14 due to ongoing right wrist symptoms. She reported that over the past year since her case was settled, there was a steady deterioration of her right wrist and forearm symptoms which she felt were due to performing her activities of daily living and lack of medical treatment. She self-treated with medication (including Naprosyn), as well as self-guided home exercise and massage. She had received medication from [REDACTED]. After a thorough examination including sensory, motor, and testing of reflexes, [REDACTED] assigned the patient the following diagnoses: right wrist/forearm flexor tendinitis with mild bilateral carpal tunnel syndrome and mild diabetic peripheral neuropathy, per EMG/NCV on 2/9/10; bilateral elbow medial epicondylitis with dynamic cubital tunnel syndrome, unchanged, re-evaluated; left wrist/forearm flexor tendinitis with history of left carpal tunnel release, performed on 2/4/09, unchanged; stress, anxiety and depression, deferred to consulting psychiatrist; internal medicine complaints of diabetes and hypertension deferred to consulting internal medicine specialist; and insomnia deferred to the appropriate sleep medicine specialist. [REDACTED] felt that the patient was having an acute flare-up of her chronic wrist/forearm condition. He recommended a course of physical therapy while increasing range of motion. He requested authorization for a psychiatric re-evaluation for her ongoing and deteriorating emotional complaints, an internal medicine re-evaluation regarding her diabetes and hypertension, and a sleep study due to her ongoing difficulty sleeping. The 5/21/14 PR2 by [REDACTED] shows the patient complains of ongoing

right wrist pain which she described as moderate, 6/10 in severity, dull, and burning. Objective findings included tenderness at the tendons, slight positive Tinel's, and decreased range of motion. She was positive for weight loss, high blood pressure, heartburn, joint pain, diabetes, depression, and headache. The treatment plan was to continue with home exercise and strengthening. There is no further description of her depressive/anxious symptomatology, e.g. sadness, feelings of hopelessness, excessive worrying, etc., nor are there scales to validate these symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric Re-Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 388, 398.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: The 3/7/14 re-evaluation report does not describe any symptoms of depression or anxiety, any psychological/psychiatric evaluations that may have been done in the past, treatments attempted, whether the depression/anxiety were episodic or ongoing, or whether or not they were even present at the time of the evaluation. The 5/21/14 report shows depression checked off on a list but, again, no description of symptoms, whether it is ongoing, episodic, or even present at the time of the visit, etc. Based on records provided it does not appear that the patient was suffering from a disorder of anxiety or depression severe enough to warrant referral to a psychiatrist at this time. In addition, guidelines show that in mild depression referral should be made only after symptoms continue for more than 6-8 weeks, which does not appear to be the case here. As such the request for psychiatric re-evaluation is not medically necessary.

Internal Medicine Re-Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 254.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 page(s) 126-146.

Decision rationale: The patient was reported to carry the diagnoses of high blood pressure and diabetes. There were no vital signs provided, nor were there any lab values on record for review. There were no subjective complaints made by the patient that would lead one to be concerned that either of these conditions were worsening. Due to the paucity of data provided it appears that re-evaluation by an internist is not medically necessary at this time.

Sleep Study: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Polysomnography.

Decision rationale: There is no evidence from the medical records provided for review that the patient suffers from insomnia. It has not been described as a sign of depression, nor has it been reported as an effect of pain. She has not been reported to have excessive daytime sleepiness, cataplexy, intellectual deterioration, morning headache, or insomnia for at least 6 months (4 nights per week). Even if this was the case, documentation would have to be provided to show that behavioral intervention (e.g. education regarding sleep hygiene) and medications had been attempted, and psychiatric etiologies had been ruled out. None of these were done; as such, a sleep study is not medically necessary.