

Case Number:	CM14-0078432		
Date Assigned:	07/18/2014	Date of Injury:	02/09/2011
Decision Date:	09/23/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/28/2014

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, has a subspecialty in 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 records, presented for review, indicate that this 51-year-old individual was reportedly injured on February 9, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated January 29, 2014, indicated that there were ongoing complaints of upper extremity pain. The physical examination demonstrated well healed surgical scars, tingling, decreased strength and a good range of motion. Diagnostic imaging studies were not presented. Previous treatment included ulnar nerve release, carpal tunnel release, and trigger finger release. A request had been made for a pain management consultation and was not certified in the pre-authorization process on May 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consult: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines; Low Back Chapter.

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 127.

Decision rationale: It is noted that the injured employee has undergone multiple surgical procedures on the upper extremity in Decembe, 2013. Subsequent the surgeries are ongoing complaints of pain, which are not fully appreciated as to etiology by the treating surgeon. As such, when noting the parameters outlined in the ACOEM guidelines, there is a clinical indication for a consultation to deal with pain management issues. Therefore, this is medically necessary.