

Case Number:	CM14-0080628		
Date Assigned:	07/18/2014	Date of Injury:	01/27/2013
Decision Date:	08/18/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/02/2014

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 Preventive Medicine and is licensed to practice in California. 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:

According to the records made available for review, this is a 44-year-old male with a 1/27/13 date of injury. At the time of request (5/29/14), for the Decision for Pain Management Consultation - Bilateral Upper Extremities, there is documentation of subjective (neck pain radiating to the shoulders, wrists, and hands with numbness) and objective (positive Spurling's test, tenderness to palpation over the wrists, and hypoesthesia of the hands) findings, current diagnoses (wrist/hand sprain/strain, rule out carpal tunnel syndrome), and treatment to date (wrist brace, physical therapy, acupuncture, and medications). There is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation - Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Management Consultation. Decision based on Non-MTUS Citation ACOEM Chapter 7 - Independent Medical Examinations and Consultations (pp 127, 156), Official Disability Guidelines (ODG) Pain 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) Independent Medical Examinations and consultations, page(s) 127.

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of wrist/hand sprain/strain, rule out carpal tunnel syndrome. However, given no documentation of a rationale identifying the medical necessity of the requested pain management consultation, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for Pain Management Consultation - Bilateral Upper Extremities is not medically necessary.