

Case Number:	CM14-0091583		
Date Assigned:	07/25/2014	Date of Injury:	08/15/2012
Decision Date:	11/03/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/17/2014

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 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:

This is a 23-year-old male with an 8/15/12 date of injury According to a progress report dated 5/23/14, the patient stated that he does not have pain in any new body areas and is not taking any new medications. He complained of right hand pain that has been getting worse about 25-30 percent in the past 2 to 3 months, associated with increased tingling. He also noted increased tingling in his hand. He reported pain radiating up his arm from his right hand. There was a note in the report that it was "uncertain" as to when the patient has last seen the pain management specialist. A note dated 2/14/14 from the pain management specialist was provided in the records reviewed. Objective findings: light touch sensation intact in the right index finger tip, "dorsal web", and right small fingertip. Diagnostic impression: right hand pain. Treatment to date: medication management, activity modification. A UR decision dated 6/10/14 denied the request for pain management consultation. The solitary report reviewed did not provide a recount of the patient's treatment history, as well as details regarding prior visits with the Pain Medicine physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with Pain Management: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ACOEM capter 7 Independent Medical Examinations and Consultations

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Office Visits American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, Independent Medical Examinations and Consultations, page(s) 127,156

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. However, in the present case, it is noted that the patient has had a pain management consultation on 2/14/14. There was no rationale provided as to why this patient would require another consultation at this time. Therefore, the request for Consult with Pain Management was not medically necessary.