

Case Number:	CM14-0094024		
Date Assigned:	09/12/2014	Date of Injury:	12/03/2003
Decision Date:	10/17/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/20/2014

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 and is licensed to practice in Nevada. 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 68-year-old gentleman was reportedly injured on December 3, 2003. The most recent progress note, dated May 19, 2014, indicates that there are ongoing complaints of right upper extremity pain of carpal tunnel syndrome. Current medications include OxyContin, Celebrex, and Neurontin. The physical examination demonstrated an intact incision from prior surgery. There was no swelling or erythema. There was full range of motion of the upper extremities and a negative Phalen's and Tinel's test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a right-sided carpal tunnel release in 2004. A request had been made for a physical medicine and rehabilitation office visit and was not certified in the pre-authorization process on June 3, 2014

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Medicine and Rehabilitation Office Visit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Chapter 11 - forearm, Wrist and Hand Complaints: Follow - Up Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Office Visits, February 20, 2014.

Decision rationale: According to the Official Disability Guidelines follow up office visits should be determined based upon patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The progress note dated May 19, 2014, indicates that there is essentially normal physical examination. As such, this request for a physical medicine and rehabilitation office visit is not medically necessary.