

Case Number:	CM14-0173756		
Date Assigned:	10/27/2014	Date of Injury:	05/23/2011
Decision Date:	01/30/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/21/2014

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 Family Practice, and is licensed to practice in Florida. 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 48-year-old male that sustained a work related injury on 5/23/2011 while cleaning a floor. While holding a water pressure hose, the water stopped suddenly and then started again. The injured worker was not prepared for the water pressure to restart and the pressure from the hose caused the injured worker's right hand to twist backwards resulting in immediate pain. Treatments included wrist surgery, NCV/EMG studies, home exercise, acupuncture, splinting and MRI. Diagnosis includes presumed status post right TFCC surgery, status post right de Quervain tenosynovitis release, right wrist sprain/strain, right lateral epicondylitis, right upper extremity overuse syndrome and left carpal tunnel syndrome, EMG pos. Per most updated PR-2 dated 9/30/2014, the injured worker had reported complaints of frequent moderate dull, achy right elbow pain and weakness radiating to right forearm with numbness, tingling and weakness and complained of frequent moderate dull, achy, throbbing, burning right wrist pain radiating to the 5th, 4th, and 3rd digits with numbness, tingling and weakness. EMG/NCV study dated 05/09/2014 reported results of normal EMG of the cervical spine and upper extremities showing no acute or chronic denervation potentials in any of the muscles tested and left mild carpal tunnel syndrome. Treatment plan includes consult pain management. On 10/14/2014 Utilization Review denied the pain management consult noting the provided records failed to indicate clear medical necessity for the consultation, the injured worker was provided with extensive pain medications, there was no indication of problems managing the symptoms, there was no clear medical necessity for specialized care or assistance in the diagnosis and MTUS ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult Pain Management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine: Specialty Consultations, page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specialty Consultations, Occupational Practice Medicine Guidelines Page(s): 2 and 3.

Decision rationale: The California MTUS guidelines state, "Referral is indicated in cases where the health care provider has a lack of training in managing the specific entity, is uncertain about the diagnosis or treatment plan, or red flags are present." Regarding this patient's case, the diagnosis does not appear uncertain based off records provided. There is also no documentation of a current failure in this patient's treatment plan. A 07/12/2014 note states that the pt. is taking Ibuprofen 200mg twice daily. His only other medication is Omeprazole. There is no documentation that the Ibuprofen is not controlling his pain. The rationale of the requested pain management consultation is not clear from the documentation. Therefore, this request for a pain management consult is not considered medically necessary.