

Case Number:	CM14-0189553		
Date Assigned:	12/05/2014	Date of Injury:	01/27/2009
Decision Date:	01/15/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/12/2014

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 Interventional Spine 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:

The patient is a 56 year old female with a date of injury of 1/27/2009. The listed diagnoses are: 1) wound/open finger; 2) cellulitis, Dupuytens; 3) stiffness, palmed fasciitis. According to progress report 11/5/14, the patient presents with continues with right thumb pain which is better post injection. The patient reports decreased sensation and pain in the right thumb DIP (distal interphalangeal) joint. Physical examination revealed positive Tinel's and Phalen's. Treatment plan noted "injection to right carpal tunnel." Progress report 10/22/14 states that the patient continues with right thumb pain and is utilizing a "strap at night." Examination revealed, "CMC (carpometacarpal) +3 pain stress test; very lax joint, DIP +1 pain with axial load." Plan is for patient to continue medications, CTS (carpal tunnel steroid) injection and "follow up visits 3 post injections." The Utilization review modified the certifications on 11/4/14. Treatment reports 8/27/14, 10/22/14 and 11/5/14 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 follow-up visits post injections: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand (Acute & Chronic), Office Visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-286.

Decision rationale: This patient presents with continued right thumb pain. The current request is for 3 follow up visits post injections. The utilization review modified the certification from the requested 3 follow up visits to 1 follow up visit post injection. The patient was also approved for one additional injection to the thumb. Regarding follow-up visits, ACOEM, chapter 11 Wrist, for Follow up Visits states, " Patients with potentially work-related forearm, wrist, and hand complaints should have follow-up every 3-5 days by a midlevel practitioner, or by a physical or hand therapist who can counsel them about avoiding static positions, medication use, activity modification, and other concerns." The requested 3 follow up visits are within the guidelines, as the patient has chronic pain and has been authorized for further injection. The requested 3 follow up visits are medically necessary.