

<b>Case Number:</b>	CM15-0004556		
<b>Date Assigned:</b>	01/20/2015	<b>Date of Injury:</b>	01/02/2011
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 38 year old male, who sustained an industrial injury on January 2, 2011. He has reported right wrist pain. The diagnoses have included postoperative right wrist internal derangement, right TFCC tear, scapholunate tear, sleep deprivation, stress, anxiety, depression, right lateral epicondylitis, and compensatory left wrist pain. Treatment to date has included two right wrist surgeries, cortisone injections, medications, bracing of the right wrist, and imaging studies. Currently, the injured worker complains of continued right wrist pain and left wrist pain from overcompensation. The treating physician is requesting a pain management evaluation. The injured worker was evaluated but a surgeon and was told he is not a surgical candidate. On December 8, 2014 Utilization Review non-certified the request for a pain management evaluation noting the ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management evaluation:** 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)-TWC Forearm, Wrist & Hand Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examination and Consultations

**Decision rationale:** According to the 12/8/14 Utilization Review letter, the pain management evaluation requested on the 12/01/14 chiropractic report was denied because chiropractor did not discuss the medications the patient is taking. According to the 12/1/14 chiropractic report, the chiropractor is the PTP. The patient had right wrist surgery and the hand specialist stated there was nothing else that could be done and recommended a second opinion with a specialist that is closer to the patient's residence. The patient is reported to have pain in both upper extremities and progressively worsening left wrist and elbow pain. There does not appear to be a current physician monitoring the patient's medications. The chiropractor is requesting pain management evaluation. ACOEM Chapter 7 was not adopted into the MTUS guidelines, but would be the next highest review standard, as MTUS does not discuss consultations. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examination and Consultations, page 127 states: The occupational 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. The chiropractic PTP is not able to prescribe medications for a patient with progressive worsening of symptoms. The referral to pain management appears appropriate and in accordance with ACOEM guidelines. The request for Pain Management Evaluation IS medically necessary.