

<b>Case Number:</b>	CM15-0004721		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	12/20/2011
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/10/2014
<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 65 year old female who sustained an industrial injury on 12/20/11. The injured worker reported symptoms in the neck, right wrist and hand. The diagnoses included status post repair ulnar collateral ligament of right thumb at the metacarpal phalangeal right thumb, status post release of flexor pollicis longus tendon sheath of the right thumb complication of reflex sympathetic disorder of the right hand, upper extremity complex regional pain syndrome, cervical spine sprain with possible discopathy, left forearm strain, mild generalized osteopenia with mild degenerative change of the right first metacarpophalangeal joint per x-ray on 7/9/14 and gastritis with gastroesophageal reflux disease. Treatments to date have included oral pain medication and activity restrictions. Provider documentation dated 12/1/14 noted the injured worker presents with "pain in her neck, right wrist, right hand, and the first finger of her right hand (8/10)." The treating physician is requesting a consultation with a Pain Management Physician. On 12/10/14, Utilization Review non-certified a request for consultation with a Pain Management Physician, The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with a Pain Management Physician:** 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)

**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), Independent medical examination and consultations. Ch:7

**Decision rationale:** The 65 year old patient presents with pain in neck, right wrist, right hand, and first finger of the right hand, rated at 8/10, as per progress report dated 12/01/14. The request is for CONSULTATION WITH A PAIN MANAGEMENT PHYSICIAN. There is no RFA for this case, and the patient's date of injury is 12/20/11. The patient is also experiencing intermittent swelling, discoloration, numbness, tingling and burning in the right hand, as per the progress report dated 12/01/14. The patient is status post repair ulnar collateral ligament of right thumb at the metacarpal phalangeal right thumb, and status post release of flexor pollicis longus tendon sheath of the right thumb -dates of the procedure are not mentioned-. Diagnoses, as per the same progress report, includes upper extremity complex regional pain syndrome, cervical spine strain, left forearm strain, and mild generalized osteopenia with mild degenerative changes of the right first metacarpophalangeal joint. The patient is taking Naproxen for pain relief. She has been allowed to return to work with restrictions, as per the same progress report. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinees fitness for return to work. In this case, the patient is suffering from significant pain in neck, right wrist, right hand, and first finger of the right hand, as per progress report dated 12/01/14. In the same report, the treater requests for a consultation with a pain management specialist due to the patient's severe complaints of pain and x-ray evidence of mild generalized osteopenia with mild degenerative changes of the right first metacarpophalangeal joint. The request appears reasonable and may help with the patient's treatment. Hence, the request IS medically necessary.