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| Case Number: | CM15-0134372 | | |
| Date Assigned: | 07/22/2015 | Date of Injury: | 04/29/2013 |
| Decision Date: | 08/18/2015 | UR Denial Date: | 06/11/2015 |
| Priority: | Standard | Application Received: | 07/13/2015 |

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 46 year old female sustained an industrial injury on 4/29/13. She subsequently reported neck and upper extremity pain. Diagnoses include cervical spine sprain/strain and carpal tunnel syndrome. Treatments to date include nerve conduction and MRI testing, injections, wrist splint, physical therapy and prescription pain medications. The injured worker continues to experience right wrist pain that causes numbness and tingling into the fingers. Upon examination, there was normoactive range of motion in the bilateral wrists. Phalen's and Tinel's testing was moderately provocative for neuropathic-type pain over the median nerve distribution of the left upper extremity. There was moderate tenderness to palpation over the volar aspect of the right wrist. A request for follow up visits, every 8 wks for management of symptoms related to carpal tunnel & cervical spine, as an outpatient was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visits, every 8 wks for management of symptoms related to carpal tunnel & cervical spine, as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines: Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Follow-up visits.

Decision rationale: Pursuant to the Official Disability Guidelines, follow-up visit every eight weeks for management of symptoms related to carpal tunnel syndrome and cervical spine as an outpatient are not medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines as opiates or certain antibiotics require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Determination of necessity for an office visit requires individual case review and reassessment being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In this case, the injured worker's working diagnoses are carpal tunnel syndrome; cervical spine sprain strain; thoracic spine sprain strain; major depressive disorder, recurrent episodes severe with psychotic features (followed by [REDACTED] [REDACTED]). The date of injury is April 29, 2013. Request authorization is dated June 3, 2015. According to a May 22, 2015 progress note, the injured worker has bilateral upper extremity, neck and upper back pain. The IMR is requesting a follow-up visit every eight weeks with [REDACTED] [REDACTED] for management related to carpal tunnel syndrome and cervical spine as an outpatient. As noted above, [REDACTED] is a psychiatrist and is not following or managing the injured worker's carpal tunnel syndrome and cervical spine. The clinical indication and rationale does not coincide with the proper treating provider. Based on clinical information in the medical record, the peer-reviewed evidence-based guidelines and a referral to a psychiatrist to manage orthopedic complaints, follow-up visit every eight weeks for management of symptoms related to carpal tunnel syndrome and cervical spine as an outpatient are not medically necessary.