

Case Number:	CM15-0136646		
Date Assigned:	07/24/2015	Date of Injury:	09/08/2014
Decision Date:	08/21/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/14/2015

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: Emergency 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:

The injured worker is a 37 year-old female who sustained an industrial injury on 09/08/14. She reported right wrist pain. Initial diagnoses included right wrist tendinitis, and probable mild right carpal tunnel syndrome. Recent impression is disc degeneration cervical spine, cervical radiculopathy, C6 and C7 with symptomatology, most significantly at C6, not improving. Diagnostic testing and treatment to date has included radiographic imaging, EMG/NCV, physical therapy, injections, and bracing. In a progress note dated 06/01/15, the injured worker complains of continuous right shoulder pain, and a bleeding stomach ulcer from the use of non-steroidal anti-inflammatory medication. She has discomfort in her cervical spine. Injections to the shoulder did not work. The treating physician reports she is plateauing with conservative treatment. X-rays of the wrist are reported as normal. Nerve conduction velocity study is reported as revealing no significant abnormality. Requested treatments include consultation and treatment with hand specialist, and consultation and treatment with knee specialist. The injured worker is under regular duty. Date of Utilization Review: 06/23/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation and treatment with hand specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC), Pain Procedure Summary Online Version last updated 06/15/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Part 1: Introduction Page(s): 1.

Decision rationale: The requested Consultation and treatment with hand specialist, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has continuous right shoulder pain, and a bleeding stomach ulcer from the use of non-steroidal anti-inflammatory medication. She has discomfort in her cervical spine. Injections to the shoulder did not work. The treating physician reports she is plateauing with conservative treatment. X-rays of the wrist are reported as normal. Nerve conduction velocity study is reported as revealing no significant abnormality. The treating physician has not documented evidence that the injured worker is a surgical candidate for this body part. The criteria noted above not having been met, Consultation and treatment with hand specialist is not medically necessary.

Consultation and treatment with knee specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC), Pain Procedure Summary Online Version last updated 06/15/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Part 1: Introduction Page(s): 1.

Decision rationale: The requested Consultation and treatment with knee specialist , is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has continuous right shoulder pain, and a bleeding stomach ulcer from the use of non-steroidal anti-inflammatory medication. She has discomfort in her cervical spine. Injections to the shoulder did not work. The treating physician reports she is plateauing with conservative treatment. X-rays of the wrist are reported as normal. Nerve conduction velocity study is reported as revealing no significant abnormality. The treating physician has not documented evidence that the injured worker is a surgical candidate for this body part. The criteria noted above not having been met, Consultation and treatment with knee specialist is not medically necessary.