

Case Number:	CM15-0140247		
Date Assigned:	07/30/2015	Date of Injury:	04/01/2015
Decision Date:	08/27/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/20/2015

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 36 year old female who sustained an industrial/work injury on 4-1-15. She reported an initial complaint of pain with crush injury to left upper extremity. The injured worker was diagnosed as having left hand contusion, with shoulder-hand syndrome. Treatment to date includes medication and diagnostics. Currently, the injured worker complained of pain that is aching with episodic sharp component with radiation to left shoulder, previously 10 out of 10, now 5 out of 10. Per the primary physician's report (PR-2) on 6/25/15, exam noted no posturing, left shoulder tenderness, range of motion intact, no capsulitis, no instability, full composite grip, tender at volar region. The requested treatments include pain management consultation for the left hand and left arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation for the left hand and left arm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

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

Decision rationale: This patient was diagnosed with left hand contusion and continues to treat for chronic pain. Symptoms are stable without any new trauma and the patient is tolerating conservative treatments without escalation of medication use or clinically red-flag findings on examination. There is no change or report of acute flare. If a patient fails to functionally improve as expected with treatment, the patient's condition should be reassessed by consultation in order to identify incorrect or missed diagnoses; however, this is not the case; the patient remains stable with continued pain symptoms on same unchanged medication profile without neurological deficits or surgical pathology noted. The Medical necessity for pain management consultation has not been established. There are no clinical findings or treatment plan suggestive for any interventional pain procedure. The Pain management consultation for the left hand and left arm is not medically necessary and appropriate.