

Case Number:	CM15-0163128		
Date Assigned:	08/31/2015	Date of Injury:	08/20/2013
Decision Date:	10/05/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/19/2015

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:

This 55 year old woman sustained an industrial injury on 8-20-2013. The mechanism of injury is not detailed. Diagnoses include hand synovitis and tenosynovitis and wrist articular cartilage disorders. Treatment has included oral medications. Physician notes on a PR-2 dated 7-25-2014 show complaints of right wrist pain rated 6-7 out of 10 with weakness, numbness, and tingling in the fingers. Recommendations include orthopedic surgery consultation, Terocin patches, Deprizine, Dicopanol, Fanatrex, Synapryn, Tabrodol, Capsaicin, Flurbiprofen, Tramadol, Menthol, Cyclobenzaprine, physical therapy, chiropractic care, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up with Ortho for medication: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8.

Decision rationale: The patient was injured on 08/20/13 and presents with right hand and right wrist pain. The request is for a FOLLOW-UP WITH ORTHO FOR MEDICATION. The utilization review rationale is that "the records supplied do not contain patient specific objective examination findings to support questions with respect to diagnosis, treatment, or return to work issues." The RFA is dated 07/25/15 and the patient's work status is not provided. Regarding follow-up visits, MTUS guidelines page 8 under Pain Outcomes and Endpoints has the following: "The physician treating in the workers' compensation system must be aware that just because an injured worker has reached a permanent and stationary status or maximal medical improvement does not mean that they are no longer entitled to future medical care. The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities." The patient has tenderness to palpation at the carpal bones and on the thenar eminence, a restricted right wrist range of motion, and a positive Tinel's/ Phalen's/ TFCC Load test on the right wrist. She is diagnosed with hand synovitis and tenosynovitis and wrist articular cartilage disorders. The reason for the request is not provided. It appears that the treating physician is requesting a follow-up visit to monitor this patient's continuing right hand/wrist pain. While MTUS does not explicitly state how many follow-up visits are considered appropriate, regular follow up visits are an appropriate measure, and the provider is justified in seeking re-assessments to monitor this patient's condition. Therefore, the request IS medically necessary.