

Case Number:	CM15-0163589		
Date Assigned:	08/31/2015	Date of Injury:	12/11/2008
Decision Date:	09/30/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 58 year old female who reported an industrial injury on 12-11-2008. Her diagnoses, and or impressions, were noted to include: disorder of autonomic nervous system; complete tear and rupture of right thumb, joint and ligament; traumatic degenerative osteoarthritis of carpometacarpal joint of thumb; and pain in right upper limb. No current imaging studies were noted. Her treatments were noted to include: neurology and orthopedic qualified medical evaluations with impairment rating; psychiatric impairment and agreed medical evaluation; permanent right upper extremity activity restrictions; medication management; and rest from work as she was noted to be retired. The progress notes of 8-6-2015 reported the need for referral for pain management as medications were denied by "IMR" on an unreasonable basis, needing a pain management specialist to further advise on what to do next. Objective findings were noted to include pain and decreased range-of-motion in the right hand. The physician's requests for treatments were noted to include the transfer to pain management with evaluation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management to take over pain management and prescribe: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Office visits and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work injury in December 2008 and continues to be treated for right upper extremity pain. When seen, pain medications had been denied due to a lack of documentation of pain relief or functional improvement with their use. She had not had Percocet or Voltaren gel for two months or more. Pain was rated at 9+10. Physical examination findings included decreased cervical spine range of motion with right trapezius muscle tenderness and positive straight testing. There was decreased shoulder range of motion with positive impingement testing. She had decreased right wrist range of motion with positive Tinel's and Finkelstein testing and decreased grip strength. Authorization for a pain management evaluation as well as for continued pain management was requested. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has chronic severe pain. She had been taking opioid medications which were denied based on lack of supporting documentation for continued use. Requesting a pain management consultation is appropriate. However, office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the 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 such as opiates require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. This prospective request for continued pain management visits without the results of an initial consultation is not medically necessary.