

Case Number:	CM15-0163712		
Date Assigned:	08/31/2015	Date of Injury:	07/04/2015
Decision Date:	10/06/2015	UR Denial Date:	07/30/2015
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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 47-year-old who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of July 4, 2015. In a Utilization Review report dated July 30, 2015, the claims administrator failed to approve a request for a pain management referral. Non-MTUS ODG Guidelines were cited but were not seemingly incorporated into the rationale. The applicant's attorney subsequently appealed. On August 6, 2015, the applicant went on to consult a pain management physician/physiatrist, despite the unfavorable Utilization Review determination. It was suggested that the applicant was not working as her employer was unable to accommodate previously suggested limitations. The applicant was given diagnoses of flexor tendonitis, ligament strain, and wrist swelling. Acupuncture was sought. Non-MTUS ODG Guideline were cited. The applicant was given Motrin and Voltaren gel. A wrist MRI was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management evaluation for right wrist pain: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: Yes, the proposed pain management evaluation (AKA physical medicine rehabilitation evaluation) was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, page 270, applicants in whom there is no clear indication for surgery may benefit from referral to a physical medicine practitioner (AKA pain management physician) for aid in formulating the treatment plan. Here, the applicant's primary treating provider (PTP) had seemingly suggested that the applicant had failed to respond to three to four weeks of conservative treatment in the form of time, medications, physical therapy, etc. Again, the added expertise of a pain management physician (AKA a physical medicine rehabilitation practitioner) was, thus, indicated, as suggested in the MTUS Guideline in ACOEM Chapter 11, page 270. Therefore, the request was medically necessary.