

Case Number:	CM15-0163960		
Date Assigned:	09/01/2015	Date of Injury:	12/13/2012
Decision Date:	10/05/2015	UR Denial Date:	08/20/2015
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, Illinois
 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 injured worker is a 34 year old female, who sustained an industrial injury on December 13, 2012. She reported left wrist pain. She has been diagnosed of chronic left wrist pain. Treatment to date has included medications. A functional restoration program provided no improvement. On June 17, 2015, the injured worker complained of left wrist pain. Physical examination revealed marked tenderness on palpation of the ulnar aspect of the left hand. Increased myofascial pain was noted in the left forearm and wrist with inability to perform muscle testing due to pain. She was noted to have 40% decreased range of motion in her left hand with increased pain in both radial and ulnar deviation. Tinel and Phalen's test reproduced tingling and numbness in the left hand. The treatment plan included follow-up visits, evaluation for an ergonomic workspace and medication. A request was made for an in office interdisciplinary reassessment one visit (in hours).

IMR ISSUES, DECISIONS AND RATIONALES

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

In office interdisciplinary reassessment One visit (in hours), Qty: 4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: The injured worker sustained a work related injury on December 13, 2012. The medical records provided indicate the diagnosis of December 13, 2012. She reported left wrist pain. She has been diagnosed of chronic left wrist pain. Treatment to date has included medications. The medical records provided for review do indicate a medical necessity for In office interdisciplinary reassessment One visit (in hours), Qty: 4. The medical records indicate that at the completion of the 160 hours of functional restoration program the injured worker was weaned off of Oxycodone and Naproxen; she is able to use her left hand for 40 minutes, compared to prior the treatment when she could not use her left hand. Concerned that the injured worker may regress to pre-treatment stage, the providers have requested for an interdisciplinary reassessment in order to monitor her progress. The requested reassessment is medically necessary, given the level of progress. The MTUS recommends that treatment duration in excess of 20 sessions (160 hours) be based on a clear rationale for the specified extension and reasonable goals to be achieved.