

Case Number:	CM15-0165186		
Date Assigned:	09/02/2015	Date of Injury:	08/06/2013
Decision Date:	10/06/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/24/2015

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:

The injured worker is a 31-year-old female who sustained an industrial injury on August 6, 2013 resulting in left wrist pain. Diagnoses have included left triangular fibrocartilage complex tear, and chronic pain. Documented treatment includes an unspecified injection reported as making her pain worse, physical therapy, heat, ice, massage, acupuncture, home exercise, and pain medication, but the injured worker continues to present with unrelieved left wrist pain. The treating physician's plan of care includes a pain management referral. Current work status is modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, Chronic Pain Treatment Guidelines Functional Restoration Programs (PRPs). Decision based on Non-MTUS Citation ACOEM chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p 127.

Decision rationale: The claimant sustained a work-related injury in August 2013 and is being treated for left wrist pain with findings of a tiny triangular fibrocartilage complex tear. Treatments have included an injection without improvement and physical therapy. Medications include Percocet being taken up to 10-11 times per day, Ibuprofen, and Soma. When seen, there was decreased range of motion with severe pain. Recommendations include a pain management evaluation. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has chronic left wrist pain despite conservative treatments. Surgery is not being currently recommended. She is taking an excessive amount of Percocet. Requesting a referral to pain management for an evaluation and treatment recommendations is appropriate and medically necessary.