

<b>Case Number:</b>	CM15-0186917		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	10/11/2010
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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:

This 51 year old female sustained an industrial injury on 10-11-10. Documentation indicated that the injured worker was receiving treatment for carpal tunnel syndrome, lateral epicondylitis and shoulder derangement. Previous treatment included physical therapy and medications. In a medical legal report from primary treating physician dated 8-1-15, the physician documented that the injured worker had experienced "general worsening of her right shoulder and bilateral upper extremity symptoms" over the course of time. The physician noted that at the time of his initial evaluation dated 7-1-15, the injured worker complained of pain to the right shoulder and right elbow and bilateral wrist, forearm and hand paresthesias. Physical exam was remarkable for "decreased" range of motion of the right shoulder with 4 out of 5 rotator cuff strength and pain, pain from crepitus on passive and active range of motion of the right shoulder, tenderness to palpation along the anterior and superior aspects of the shoulder with positive impingement sign, positive bilateral Tinel's and Phalen's signs at the wrists, positive right Finkelstein's test, "decreased" sensation in bilateral forearms, wrists and hands and 4 out of 5 finger flexion strength. The physician recommended bilateral upper extremity electro diagnostic testing, referral for orthopedic evaluation of the upper extremities and chiropractic therapy. In a PR-2 dated 8-12-15, the injured worker complained of constant bilateral forearm, wrist and hand pain, right shoulder pain that increased with reaching and over shoulder activities and right thumb pain that increased with activity. Physical exam was unchanged. The physician recommended pain management evaluation and secondary treatment to manage and prescribe oral medications. On 8-19-15, Utilization Review modified a request for pain management evaluation and secondary

treatment to manage and prescribe oral medications to pain management evaluation and treatment for one time visit.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Pain Management Evaluation & Secondary Treatment to Manage/Prescribe Oral Medications: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

**Decision rationale:** Pursuant to the ACOEM, pain management evaluation and secondary treatment to manage/prescribe oral medications is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of 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 medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are carpal tunnel syndrome; lateral epicondylitis elbow; and unspecified derangement shoulder region. Date of injury is October 11, 2010. Request for authorization is August 12, 2015. According to a progress note dated August 12, 2015, subjective complaints include ongoing, constant bilateral forearm, wrist, hand pain that is unchanged since the last evaluation. Right shoulder pain remains persistent. Right thumb/first dorsal compartment pain is activity dependent. There is a positive Phalen's and Tinel's at the wrists. Objectively, there is a positive right Finkelstein's tenderness to palpation over the first right dorsal compartment. There is tenderness to palpation over the anterior and superior right shoulder. There is painful crepitus with passive and active range of motion shoulder. There are no medications listed in the August 12, 2015 progress note. The treatment plan contains a request for authorization for pain management evaluation and secondary treatment to manage/prescribe oral medications. According to an August 1, 2015 medical legal report from the primary treating provider, there are no medications listed in the progress note. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical rationale for a pain management evaluation with secondary treatment to manage/prescribe oral medications and no current list of ongoing medications, pain management evaluation and secondary treatment to manage/prescribe oral medications is not medically necessary.