

Case Number:	CM15-0189821		
Date Assigned:	10/01/2015	Date of Injury:	04/18/2013
Decision Date:	11/13/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/26/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old female who sustained an industrial injury on 04-18-2013. A review of the medical records indicated that the injured worker is undergoing treatment for bilateral carpal tunnel syndrome and right elbow internal derangement. According to the treating physician's progress report on 08-12-2015, the injured worker continues to experience right elbow achiness and pain associated with swelling and episodic numbness and tingling in the right elbow and arm. The injured worker reported right wrist and hand pain, weakness, numbness and tingling increasing with gripping, finger movement and repetitive movement. Examination demonstrated no tenderness over the epicondyles with full range of motion. Examination of the right wrist demonstrated no tenderness over the distal radius, carpus, anatomic snuff box or triangular fibrocartilage complex (TFCC). There was full range of motion with negative Finklestein's, Tinel's, Phalen's and reverse Phalen's tests. Two-point discrimination was within normal limits. There was no triggering evident. On 09-02-2015 the examination noted left index tip and left small fingertip had diminished sensation to light touch. X-rays of the bilateral wrists and right elbow were performed on 08-12-2015 noting mild loss of radiocarpal joint space bilaterally and mild osteoarthritic changes to the bilateral carpal and metacarpal joints. Prior treatments have included diagnostic testing, cortisone injections to the left wrist, physical therapy, shockwave therapy right elbow, elbow and hand supports and medications. The injured worker is not interested in surgery at this time. Treatment plan consists of an updated electrodiagnostic studies and the current request for pain medicine follow-up and orthopedic

follow-up. On 09-18-2015 the Utilization Review determined the requests for pain medicine follow-up and orthopedic follow-up were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain medicine follow up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127.

Decision rationale: The current request is for pain medicine follow up. The RFA is dated 09/02/15. Prior treatments have included diagnostic testing, cortisone injections to the left wrist, physical therapy, shockwave therapy right elbow, elbow/hand supports and medications. Work status: returned to modified work on 09/03/15. MTUS Chronic Pain Guidelines 2009, page 8, Introduction Section, Pain Outcomes and Endpoints, Regarding follow-up visits states that the treater "must monitor the patient and provide appropriate treatment recommendations." ACOEM, Independent Medical Examinations and Consultations, Chapter 7, page 127 states that the "occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." Per report 09/02/15, the patient presents with right elbow, bilateral wrist and hand pain. Examination noted left index tip and left small fingertip had diminished sensation to light touch. X-rays of the bilateral wrists and right elbow were performed on 08-12-2015 noting mild loss of radiocarpal joint space bilaterally and mild osteoarthritic changes to the bilateral carpal and metacarpal joints. Treatment plan included a pain medicine follow up for with [REDACTED] (chronic pain)." According to a hand written memo at the end of report 09/02/15, the treater states "She does not have to return to [REDACTED] She is not receiving meds." The medical necessity has not been established as there is no discussion regarding medications, or complex diagnosis that would require a follow visit with a pain specialist. In addition, report 09/02/15 specifically states that the patient does not need to return to see [REDACTED] (pain medicine specialist) as the patient is not receiving medications. Therefore, the request is not medically necessary.

Orthopedist follow up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127.

Decision rationale: The current request is for orthopedist follow up. The RFA is dated 09/02/15. Prior treatments have included diagnostic testing, cortisone injections to the left wrist, physical therapy, shockwave therapy right elbow, elbow/hand supports and medications. Work status: returned to modified work on 09/03/15. MTUS Chronic Pain Guidelines 2009, page 8, Introduction Section, Pain Outcomes and Endpoints, Regarding follow-up visits states that the treater "must monitor the patient and provide appropriate treatment recommendations." ACOEM, Independent Medical Examinations and Consultations, Chapter 7, page 127 states that the "occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." Per report 09/02/15, the patient presents with right elbow, bilateral wrist and hand pain. Examination noted left index tip and left small fingertip had diminished sensation to light touch. X-rays of the bilateral wrists and right elbow were performed on 08-12-2015 noting mild loss of radiocarpal joint space bilaterally and mild osteoarthritic changes to the bilateral carpal and metacarpal joints. Treatment plan included a follow up visit with the orthopedist for the bilateral wrist and right elbow complaints. In this case, per report 09/02/15 the patient was seen by the orthopedist on 08/12/15 and currently pending his report. It is unclear why a follow up is being requested at this time. Examination on this date specifically noted that the patient had no new symptoms. Follow up visit should be considered following the orthopedist's initial evaluation report. Therefore, the request is not medically necessary.