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| Case Number: | CM15-0192314 | | |
| Date Assigned: | 10/06/2015 | Date of Injury: | 07/09/2015 |
| Decision Date: | 12/08/2015 | UR Denial Date: | 09/15/2015 |
| Priority: | Standard | Application Received: | 09/30/2015 |

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 55 year old female, who sustained an industrial-work injury. The DOI is 7-9-15 and is a continuous trauma injury from DOI 2-1-12. A review of the medical records indicates that the injured worker is undergoing treatment for wrist pain, trapezius-rhomboid strain and pain in limb. Treatment to date has included pain medication Tylenol, Aleve, Wellbutrin, physical therapy, rest, wrist splint and other modalities. Medical records dated 9-4-15 indicate that the injured worker complains of flare-up of pain in the right hand and pain in the left shoulder down to the hand. The pain radiates to the bilateral hands and elbows. There is also associated weakness in the hands with numbness and swelling. The pain is aggravated by use of the fingers, thumbs, hands, repetitive use and wrist movements. The medical records also indicate that the symptoms are improving. Per the treating physician report dated 7-31-15, the injured worker may return to full duties with no limitations or restrictions. The physical exam reveals generalized hypertonicity, positive Tinel's at the cubital tunnel, volar tenderness, full wrist range of motion, positive Tinel's at the carpal tunnel and cervical tenderness in the bilateral trapezii. The physician indicates that a pain management specialist will be better able to help the injured worker with more treatment options due to delayed healing and chronicity. The requested service included 1 Pain Management Consultation-Referral. The original Utilization review dated 9-15-15 non-certified the request for 1 Pain Management Consultation-Referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pain Management Consultation/Referral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM (American Independent Medical Examinations and Consultations, 2nd Edition, Chapter 7 (pp 127)).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: CA MTUS/ACOEM chronic pain management guidelines, introduction, medical management, page 5-7 states that a patient directed self-care model is the most realistic way to manage chronic pain. It is also stated that for long duration of intractable pain, referral to a multidiscipline program can be considered. In addition, consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. In this case, the pain can be controlled by medications and the severity and duration of the pain do not necessitate the referral to a multidisciplinary pain management team. Per the treating physician report dated 7-31-15, the injured worker may return to full duties with no limitations or restrictions. The request is not medically necessary.