MAXIMUS Federal Services

Case Number:	CM15-0193919		
Date Assigned:	10/07/2015	Date of Injury:	04/28/2015
Decision Date:	11/23/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/02/2015

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: New York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency 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 46 year old female, who sustained an industrial injury on 04-28-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for diabetes, and injuries to the right wrist, elbow, arm and shoulder. Medical records (04-28-2015 to 09-09-2015) indicate ongoing right wrist pain with numbness in the forearm, and new pain in the right shoulder (per report 09-09-2015). Pain levels were not rated on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW was placed on total temporary disability. The physical exam, dated 09-09-2015, revealed tenderness to palpation over the radial wrist, a positive Finklestein's test, weakness in the right elbow and wrist, and hypersensitivity in the right wrist as well as hyperalgesia and allodynia. Relevant treatments have included 2 sessions of physical therapy (PT), steroid injection to the wrist, work restrictions, and pain medications. The treating physician indicates that x-rays of the right wrist (04-29-2015) showed mild degenerative changes and a subtle linear lucency at the ulnar styloid. The request for authorization (09-17-2015) shows that the following services were requested: EMG (electromyography) and NCV (nerve conduction velocity) studies of the right upper extremity, 1 referral to pain management psychologist for evaluation for cognitive-behavior therapy and pain coping skills training, and a MRI of the right wrist (non-contrast). The original utilization review (09-23-2015) non-certified the request for EMG and NCV studies of the right upper extremity, 1 referral to pain management psychologist for evaluation for cognitive-behavior therapy and pain coping skills training, and a MRI of the right wrist (non-contrast).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 referral to pain management psychologist for evaluation for cognitive-behavior therapy & pain coping skills training: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

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

Decision rationale: Guidelines state that cognitive-behavioral therapy and pain coping skills training may be appropriate if there has been a lack of progress from physical medicine alone after 4 weeks. In this case, the patient has only completed 2 sessions of physical therapy. The request for referral for pain management specialist for evaluation of cognitive behavioral therapy and pain coping skills training is not medically appropriate and necessary.

MRI of the right wrist, non-contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm Wrist & Hand.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI, wrist.

Decision rationale: Guidelines recommend MRI of the wrist in cases of acute hand or wrist trauma with suspicion of distal radius fracture, radiographs normal, suspected scaphoid fracture with normal radiographs, suspected gamekeeper injury, suspected soft tissue tumor. In this case, the patient has had chronic pain and normal plain films and there is o suspicion of either a soft tissue tumor or Keinbock's disease. The request for MRI of the right wrist is not medically necessary and appropriate.