

Case Number:	CM15-0199759		
Date Assigned:	10/15/2015	Date of Injury:	01/20/2014
Decision Date:	11/25/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/12/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 47 year old male, who sustained an industrial injury on 1-20-2014. Medical records indicate the worker is undergoing treatment for forearm contusion, crushing injury of the forearm, chronic pain syndrome, carpal tunnel syndrome and cervical sprain. A recent progress report dated 9-17-2015, reported the injured worker complained of pain in the left shoulder, elbow, forearm, wrist and hand and sleeping difficulty. Left hand pain was rated 3- 4 out of 10, forearm pain was rated 5 out of 10 and left elbow pain was rated 4-5 out of 10. Physical examination revealed tenderness in the left shoulder, elbow, forearm, wrist and hand. Progress notes state that anxiety and depression continue to be a problem and they are requesting a service dog to alleviate his anxiety and depression and decreased his feeling of isolation. Treatment to date has included physical therapy, bracing, compression sleeve, heat, TENS (transcutaneous electrical nerve stimulation) and medication management. On 9-24-2015, the Request for Authorization requested a service dog for social interaction. On 10-2-2015, the Utilization Review noncertified the request for a service dog for social interaction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Service dog for social interaction: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/23931670>.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s):
General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

Decision rationale: The California MTUS, ODG and the ACOEM do not specifically address the requested service. A review of the medical literature does not show that service dogs for social interaction are not indicated for the treatment of cervical strain, chronic pain syndrome or forearm contusion. The patient does have mention of depression and anxiety but these are not industrial incident diagnoses. Therefore the request is not medically necessary.