

Case Number:	CM15-0202837		
Date Assigned:	10/19/2015	Date of Injury:	05/19/2015
Decision Date:	12/02/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/15/2015

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: 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 38 year old female who sustained an industrial injury on May 19, 2015. The injured worker is being treated for: cervical, lumbar, and thoracic sprain and sprain, lumbar radiculitis and strain, bilateral carpal tunnel syndrome, bilateral hand tenosynovitis, chest pain, anxiety and sleep disturbance. Subjective: September 18, 2015, neck, thoracic and lumbar, bilateral wrist, chest and stress pain and or discomforts. Medications: September 03, 2015: Topamax, and Ativan. Diagnostics: Radiography, MRI bilateral wrists. Treatment: September 18, 2015 pending CTS, chiropractic care, activity modification, medication. On October 07, 2015 a request was made for surgical consultation times two, functional improvement measures as needed that were noncertified by Utilization Review on October 13, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management as needed: 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: Decision based on MTUS General Approaches 2004, Section(s): Prevention, Initial Approaches to Treatment.

Decision rationale: As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. Provider is noted to be a chiropractor which limits medication management. However, it is unclear why patient is on these medications and why there is a need to continue these medications. Patient was referred to a physician that has seen and prescribed these medications in the past but no progress notes or consultation report from this physician was provided. It is unclear if the physician recommended a return visit. Without this information, a repeat referral cannot be deemed medically necessary.

Surgical consultation x2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, age 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, Initial Approaches to Treatment.

Decision rationale: As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. This is a request to an orthopedic surgeon for carpal tunnel surgery. Provider claims that a surgeon from [REDACTED] had recommended surgery but there is no provided report from this surgeon or claimed recommendation. There is no documentation of any attempt at conservative care except for vague statement concerning physical therapy. There is no indication for a surgical consultation without any documented attempt at conservative care. The request is not medically necessary.

Functional improvement measurements as needed: 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: Decision based on MTUS General Approaches 2004, Section(s): Prevention, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

Decision rationale: As per ACOEM guidelines, determining limitations of work is not really a medical issue and that most assessing physicians should be able to determine limitations without additional complex testing modalities. As per ACOEM Chapter 1 Prevention, pg 12; there is no good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints and injuries. While there may be occasional need for FCE, the treating physician has not documented why any work limitation assessment could not be done without a full FCE. The request for FCE is not medically necessary.