

Case Number:	CM15-0203239		
Date Assigned:	10/19/2015	Date of Injury:	02/03/2012
Decision Date:	12/08/2015	UR Denial Date:	09/21/2015
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: Pennsylvania, Ohio, 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 31 year old female who sustained an industrial injury on 02-03-2012. According to the most recent progress report submitted for review and dated 09-04-2015, the injured worker reported neck pain, stiffness and cramping, low back pain, stiffness and cramping, left shoulder pain, stiffness and cramping, left elbow stiffness and cramping, left and right wrist pain, stiffness and cramping and left hand pain, stiffness and cramping. The left elbow ranges of motion were decreased and painful. There was 3 plus tenderness to palpation of the posterior elbow. The left forearm ranges of motion were decreased and painful. There was plus 3 tenderness to palpation of the dorsal forearm. Cozen's caused pain. Mill's caused pain. The left wrist ranges of motion were decreased and painful. There was plus 3 tenderness to palpation of the left lateral wrist and forearm. Phalen's caused pain. Finkelstein's caused pain. The right wrist ranges of motion were within normal limits. Diagnoses included cervical sprain strain, cervical disc protrusion, straightening of cervical lordosis per MRI, thoracic sprain strain MRI unremarkable, lumbar sprain strain, lumbar disc protrusion per MRI, shoulder sprain strain left, elbow sprain strain left MRI unremarkable, strain forearm left, wrist sprain strain left, left hand thumb injury, status post-surgery left de Quervain's release, left 5th finger injury, status post-surgery to left 5th finger and bilateral wrist mild carpal tunnel syndrome per nerve conduction velocity studies. The treatment plan included home exercises, pending treatment per psychologist, follow up pain management and hand specialist. The provider noted that authorization had been requested by another provider for left then right carpal tunnel decompression. The injured worker was to remain off work. On 09-21-2015, Utilization Review

non-certified the request for one referral to a psychologist and one follow up visit with a hand specialist and authorized the request for one follow up visit with a pain management specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

One referral to a psychologist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition, Chapter 7 Independent Medical Examinations and Consultations; Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Online Edition, 2015 Chapter: Pain (Chronic).

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

Decision rationale: Psychological evaluation is a well-accepted form of treatment for any patient with chronic pain and does not necessarily imply that there is a primary mental health diagnosis. MTUS states that psychological evaluation is widely recommended in chronic pain patients. A prior physician review recommended non-certification of this request given the lack of a specific psychological differential diagnosis or specific mood findings on exam; however, the patient's chronic pain is of itself an indication for psychological evaluation based on MTUS guidelines. Given the complexity and chronicity of this injury, the treatment guidelines thus do support the requested psychological evaluation. The request is medically necessary.

One follow up visit with a hand specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition, Chapter 7 Independent Medical Examinations and Consultations; ODG-TWC Online Edition, 2015 Chapter: Pain (Chronic).

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

Decision rationale: ACOEM recommends consultation with another provider if the new provider may be able to assist in managing the patient's care. A prior physician review concluded that a hand specialty follow-up visit is not indicated given the absence of a probable surgical indication at this time. However, the patient has ongoing pain and functional loss with multiple underlying hand-related symptoms; a hand specialist consultation is indicated for guidance regarding both surgical and non-surgical treatment options. Therefore this request is medically necessary.

