

Case Number:	CM15-0205060		
Date Assigned:	10/22/2015	Date of Injury:	10/11/2010
Decision Date:	12/10/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/19/2015

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, 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:

This is a 51 year old female with a date of injury of October 11, 2010. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder sprain, right elbow strain, right wrist strain, right thumb trigger finger, left wrist strain, and chronic pain syndrome. Medical records dated August 12, 2015 indicate that the injured worker complained of constant bilateral forearm, wrist, and hand pain right greater than left, right shoulder pain rated at a level of 8 out of 10 at its worst, and right thumb pain. A progress note dated September 30, 2015 documented complaints of constant bilateral forearm, wrist and hand paresthesias right greater than left, triggering of the right thumb, and right shoulder pain rated at a level of 8 out of 10 at its worst. Per the treating physician (September 30, 2015), the employee had work restrictions that included no repetitive or over the shoulder use of the bilateral upper extremities. The physical exam dated August 12, 2015 reveals positive Tinel's and Phalen's test at the wrists right greater than left, positive Finkelstein's test on the right, tenderness to palpation over the right first dorsal compartment, tenderness to palpation over the anterior and superior aspect of the right shoulder, painful crepitus with passive and active range of motion of the right shoulder, decreased strength of the right shoulder rotator cuff with pain, positive right shoulder impingement, and decreased sensation in the bilateral forearms and hands in median nerve distribution right greater than left. The progress note dated September 30, 2015 documented a physical examination that showed no changes from the examination performed on August 12, 2015. Treatment has included right wrist steroid injection with a 25% reduction in wrist pain, a remote history of physical therapy, and bracing. The utilization review (October 15, 2015)

partially certified a request for one ongoing pain management follow-up (original request for six follow-ups, once a month).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ongoing pain management follow-ups X 6, once a month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

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

Decision rationale: The request is for monthly follow-up visits for the next 6 months with the patient's pain management specialist. MTUS Guidelines support specialty consultations that meet certain criteria, such as an extremely complex or uncertain diagnosis. In addition, cases that exhibit "red flags" may require specialty consultation. If psychosocial factors are present or when the course of care may benefit from a specialist's expertise are other instances supported for referral. However, the need for follow-up visits with a specialist should be determined on a month-to-month basis to be able to determine the need for additional treatment, rather than approving visits far into the future. Therefore the request is not medically necessary or appropriate at this time.