MAXIMUS Federal Services

Case Number:	CM15-0223693		
Date Assigned:	11/19/2015	Date of Injury:	07/12/2001
Decision Date:	12/31/2015	UR Denial Date:	11/12/2015
Priority:	Standard	Application Received:	11/13/2015

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: 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 69-year-old female who sustained an industrial injury on 07-12-2001. According to a progress report dated 10-13-2015, trigger finger, bilateral thumbs was noted. Pain was worse with driving, overhead, and weather and when off prescription. Norco, brace and injections helped. Prescriptions included Norco 10-325 mg #30 as needed (usually once daily). Right greater than left "numb" upper extremity weakness was noted as better. "Flare" was worse with cold and moist weather and better with warm weather. Gait was antalgic. Triggering of fingers was stable and unchanged. There was tenderness to palpation at the base of the left thumb. Diagnoses included finger pain, trigger finger and thumb pain. The injured worker was retired. A partially legible handwritten authorization was submitted for review. The requested services included NCM at 11-05-2015. On 11-12-2015, Utilization Review non-certified the request for NCM (nurse case manager).

IMR ISSUES, DECISIONS AND RATIONALES

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

NCM (nurse case manager): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: The current request is for a NCM (NURSE CASE MANAGER). Treatment history include surgery, medications, injections, physical therapy, icing, and a brace. The patient is retired. MTUS/ACOEM, Chapter 5 Cornerstones of Disability Prevention and Management, page 90, under "Case Management in Delayed Recovery" states: Patients who do not recover as expected usually have several interrelated causes of delayed functional recovery. Cases of delayed functional recovery require close management rather than simple care. The occupational health clinician can act as the manager of the case or can enlist the help of a skilled case manager, who is typically an occupational health nurse or a social worker. According to a progress report dated 10/13/15, the patient presents with chronic trigger finger, and bilateral thumbs pain. The patient is utilizing Norco for pain. Examination revealed right greater than left numbness in the upper extremity with weakness. There was tenderness to palpation at the base of the left thumb. Diagnoses included finger pain, trigger finger and thumb pain. The medical records indicate that the patient has s surgical history, but the date and type of surgery was not disclosed. In this case, the provider is requesting a nurse case manager for this patient's continuing unresolved "serious chronic condition." This patient presents with a complex case history, and a nurse case manager could be useful. The physician identifies delayed functional recovery, and MTUS/ACOEM Chapter 5 allows for the physician to enlist the help of a skilled case manager in cases such as this. Therefore, the request for a nurse case manager IS medically necessary.