

Case Number:	CM15-0036664		
Date Assigned:	03/05/2015	Date of Injury:	08/05/2014
Decision Date:	04/09/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/26/2015

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: Arizona, California
 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 46 year old male sustained an industrial injury on 8/5/14. He subsequently reports ongoing right wrist pain. Diagnoses include wrist tendonitis. Treatments to date have included injections and prescription pain medications. On 2/6/15, Utilization Review addressed requests for Office visit- Med refill x15 visits over 4 months and Physical Therapy 2x week x 8 weeks. The Office visit- Med refill x15 visits over 4 months was modified to Office visit- Med refill x1 based on MTUS ACOEM Chronic Pain and ODG guidelines. The Physical Therapy 2x week x 8 weeks was denied based on MTUS ACOEM Chronic Pain guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office visit- Med refill x15 visits over 4 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92. Decision based on Non-MTUS Citation ODG guidelines, pain chapter- Office visits and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case, the claimant was on multiple meds including narcotics. Monthly visits are appropriate in managing response, medication compliance and refills. However, there is no indication or substantiation for 15 visits in 4 months or weekly visits and is therefore not medically necessary for the frequency in monitoring.

Physical Therapy 2x week x 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Hand chapter and pg 28.

Decision rationale: According to the guidelines, up to 8 sessions are recommended for therapy for strains of the wrist and hand. In addition, the MTUS guidelines recommend up to 8 sessions as well in a fading frequency. In this case, the claimant had already completed an unknown amount of therapy sessions. The request for 16 sessions exceeds the guidelines recommendations. There is no indication that the claimant cannot perform the exercises at home. The request for 16 sessions is not medically necessary.