

Case Number:	CM15-0038103		
Date Assigned:	03/05/2015	Date of Injury:	02/26/2013
Decision Date:	04/10/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/28/2015

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: New Jersey

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 53-year-old male sustained a work related injury on 02/26/2013. A handwritten progress report dated 01/06/2015 was partially illegible. According to a progress report dated 02/10/2015, the injured worker had pain in the left elbow, right hand, left wrist/hand and left knee. Diagnoses included left elbow medial humeral epicondylitis, right carpal tunnel syndrome, left carpal tunnel syndrome, left wrist internal derangement, right knee surgeries, status post left total knee arthroplasty and other problems unrelated to current evaluation. Treatment plan included psyche consultation, pain medicine consultation and sleep study. Part of the treatment plan was illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation for the Bilateral Hands, Left Wrist, and Left Elbow:

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, Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127, Chronic Pain Treatment Guidelines p. 124, and Opioids p. 77, 81.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. It suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Specifically for those taking opioids, a pain specialist may be helpful and warranted in cases where subjective complaints do not correlate with imaging studies and/or physical findings and/or when psychosocial issue concerns exist, when dosing of opioids begins to approach the maximum recommended amounts. When weaning off of opioids proves to be challenging, or when considering specialized procedures such as injections. In the case of this worker, it was not clear as to why he was requested to see a pain specialist. He did report taking an opioid, but not in doses that would require supervision with a pain specialist. There was no documented reason specified as to why the referral was made. Therefore, the pain management consultation will be considered medically unnecessary at this time.