

Case Number:	CM15-0061012		
Date Assigned:	04/07/2015	Date of Injury:	05/03/2013
Decision Date:	05/07/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/31/2015

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: Emergency Medicine

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 63 year old female who sustained an industrial injury on 5/3/13. The injured worker reported symptoms in the right upper extremity. The injured worker was diagnosed as having musculoligamentous injury of the cervical spine, disk bulge(s) in the cervical spine, right De Quervain's syndrome, status post right shoulder arthroscopy, and right trigger finger. Treatments to date have included home exercise program, topical patches, thumb wrist spica, topical gel, oral pain medication, and oral analgesic. Currently, the injured worker complains of right upper extremity. The plan of care was for spica wrist brace and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thumb spica wrist brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: As per MTUS ACOEM guidelines, splinting is recommended as a first line treatment for De Quervain's syndrome. However, as per Utilization Report, patient already had a splint placed. UR states that there was a discussion with the provider and that the provider had stated in the report that the request was made in error. While a splint is medically necessary, an additional splint is not medically necessary.

Psychiatrist evaluation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Chapter 7-Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 3 Initial Approaches to Treatment Page(s): 1 and 92.

Decision rationale: As per ACOEM guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. The provider has failed to document anything beyond the patient feeling depressed. There is no documentation of basic psychiatric assessment or basic depression screening questions. The provider has failed to provide any conservative management to address the issues that this patient has with no attempt at medications or referral to psychologist. Consultation with a psychiatrist is not medically necessary.