

Case Number:	CM15-0082708		
Date Assigned:	05/05/2015	Date of Injury:	03/11/2013
Decision Date:	06/08/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/30/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 34 year old woman sustained an industrial injury on 3/11/2013. Evaluations include electromyogram dated 12/11/2014 and x-rays of the right shoulder, elbow, and wrist dated 11/12/2014. Diagnoses include right shoulder bursitis and impingement, right cubital tunnel syndrome with release, and right carpal tunnel syndrome. Treatment has included oral medications, physical therapy, elbow injections and surgical intervention. Physician notes dated 2/20/2015 show complaints of right shoulder, elbow, wrist, and hand pain rated 3-8/10. Recommendations include continue pain management, right shoulder, elbow and wrist MRIs, physical therapy, ice as needed, home stretching and strengthening, and follow up in four weeks. The IW was being treated concurrently by a Pain Doctor in [REDACTED] but the records are not available for this review. The medications listed are Oxycodone and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue with Pain Management, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 87, 89, 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that patients can be referred for treatment by a specialist when the diagnosis is extremely complex or additional expertise is necessary for the management of the condition. The records show that the patient is being treated for a stable musculoskeletal pain condition. There is no documentation of deterioration of the condition or severe functional impairment. The patient was noted to be stable on pain medications management. There was no documentation that interventional pain procedures requiring a Pain specialist was being planned. The criteria for Pain Management treatments was not met and is not medically necessary.