

Case Number:	CM14-0115219		
Date Assigned:	09/16/2014	Date of Injury:	11/01/2010
Decision Date:	10/23/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 32-year-old female with a reported injury on 11/01/2010. The mechanism of injury was her ankle was crushed by a forklift. The injured worker's diagnoses included right wrist pain and right cubital tunnel. The injured worker's past treatments included pain medications, physical therapy, and surgery. There was no official diagnostic imaging submitted for review. The injured worker's surgical history included left ankle arthroscopy surgery on 04/29/2011. The subjective complaints on 04/29/2014 included right wrist intermittent mild to moderate pain with numbness and tingling radiating to the 4th and 5th digit, aggravated by repetitive typing or writing. The physical exam noted the right wrist range of motion was decreased and painful, there was +3 tenderness to palpation of the volar wrist, and common wrist flexors. The Tinel's and Phalen's exams caused pain. There was also severe pain on axial grind and occasional pain on wrist flexion and wrist extension. There were no medications listed in the records. The treatment plan was to order a follow-up visit with a pain management specialist. A request was received for follow-up visit with a pain management specialist. The rationale for the request was not stated in the records. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit with pain management specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th edition (web), 2013, Pain chapter, Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office Visits.

Decision rationale: The Official Disability Guidelines state the need for an office visit with a health care provider is individualized and based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The patient has chronic wrist pain. However, there is no rationale as to why the physician is requesting a follow-up visit with a pain management specialist. It is not clear in the records why a pain management specialist consult is needed. In the absence of a rationale as to why the follow-up visit with a pain management specialist is needed, the request is not supported by the guidelines. As such, the request is not medically necessary.