

Case Number:	CM14-0117707		
Date Assigned:	09/16/2014	Date of Injury:	06/03/2014
Decision Date:	10/22/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/28/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 59 year-old female who was reportedly injured on June 3, 2014. The mechanism of injury is noted as frequent typing. The most recent progress note dated July 28, 2014 indicates that there were ongoing complaints of bilateral wrist pain. The physical examination demonstrated a 4'11", 107 pound individual who is normotensive (118/72). Diagnostic imaging studies objectified no acute osseous abnormalities of the bilateral wrists. Previous treatment includes physical therapy, multiple medications, electrodiagnostic studies (which noted a moderate carpal tunnel syndrome bilaterally). A request was made for a transfer care and EMG/NCS of the upper extremities and was not certified in the pre-authorization process on July 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral pain management for transfer of care: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chronic Pain Chapter, Page 49.

Decision rationale: When considering the reported date of injury, noting the mechanism of injury, and understanding of the degenerative long-term changes on electrodiagnostic studies; there is no clear clinical reason for a chronic pain management referral. Treatment for this ordinary disease of life, carpal tunnel syndrome, that is approximately 8 weeks in age, is not a chronic pain situation. Acute interventions such as steroid injections and other conservative measures would be supported. As such, this insufficient clinical information presented to establish the medical necessity of a transfer of care to a pain management provider is not medically necessary.

EMG upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation The American Association of Electrodiagnostic Medicine, American Academy of Neurology, and the American Academy of Physical Medicine and Rehabilitation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: The records reflect that electrodiagnostic studies have been completed, and that a mild carpal tunnel syndrome had been assessed. There is no data presented to suggest a repeat study is warranted. Therefore, this is not medically necessary.

NCS upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: The records reflect that electrodiagnostic studies have been completed, and that a mild carpal tunnel syndrome had been assessed. There is no data presented to suggest a repeat study is warranted. Therefore, this is not medically necessary.