

Case Number:	CM14-0125701		
Date Assigned:	08/11/2014	Date of Injury:	01/03/2011
Decision Date:	10/21/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/08/2014

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 Illinois and 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 53-year-old female with a reported injury on 01/03/2011. The mechanism of injury was not provided. The injured worker's diagnoses included bilateral trapezius strain, bilateral elbow strain, bilateral forearm strain, bilateral medial epicondylitis, bilateral wrist strain, and bilateral carpometacarpal joint pain. The injured worker's previous treatments included occupational therapy and acupuncture. No documentation of diagnostic testing or surgical history was provided. The injured worker was evaluated on 07/07/2014 for complaints of shoulder, arm, elbow, and wrist pain with numbness and tingling. The injured worker reported that she had not gotten any better overall with therapy. The clinician observed and reported positive trapezial tenderness. Range of motion of the shoulders was full and without pain. Medial epicondylar tenderness was noted. Range of motion in the elbow was full and without pain. There was extensor muscle belly tenderness and tenderness over the carpometacarpal joint. Range of motion of the wrists was full. Range of motion of the fingers and thumbs was full. Distal neurovascular and motor examinations were normal. The injured worker's medication included Thermancare patches. The request was for transfer of care to a pain management specialist. The rationale was that the patient was refusing medications, and conservative care was failing. The Request for Authorization form was submitted on 07/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transfer of care to a pain management specialist: Overturned

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 Official Disability Guidelines (ODG) Pain, Office visits

Decision rationale: The request for transfer of care to a pain management specialist is medically necessary. The injured worker continued to complain of shoulder, arm, elbow, and wrist pain with numbness and tingling. The ODG guidelines recommended office visits as determined to be medically necessary. Evaluation and management outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. The injured worker continued to complain of pain that was not improved with therapy. The injured worker has declined the use of conservative treatment in the form of medication or injections. Therefore, the request for transfer of care to a pain management specialist is medically necessary.