MAXIMUS Federal Services

Case Number:	CM14-0150317		
Date Assigned:	09/18/2014	Date of Injury:	06/16/2014
Decision Date:	06/29/2015	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/15/2014

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. 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: Maryland, Texas, Virginia
Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 42 year old female with an industrial injury dated 06/16/2014. Her diagnoses included tenosynovitis of wrist and numbness of hand. Prior treatment included medications, diagnostics and physical therapy. She presented on 08/06/2014 with right wrist pain. The injured worker was having more pain. She was currently on modified duty. She reports pain as 10/10 with numbness and tingling of right wrist. Physical exam revealed no deformity of the right wrist. The flexor and extensor surface of the right wrist was tender on examination. There was full range of motion of the right wrist. Medications included Acetaminophen, Cyclobenzaprine, Nabumetone and Omeprazole. The provider documents EMG shows no evidence of entrapment or evidence of active cervical radiculopathy. The injured worker states she is no better but worse with increased pain, stiffness and numbness constantly. The treatment plan and request is for pain management for evaluation of right wrist. Work restrictions included limited use of right hand, wear splint and take a stretch break for 5 minutes after 60 minutes of repetitive motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management evaluation right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: MTUS is silent specifically regarding Pain management evaluation. ODG states concerning office visits "Recommended as determined to be medically necessary. Evaluation and management (E&M) 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." ACOEM states regarding assessments, "The content of focused examinations is determined by the presenting complaint and the area(s) and organ system(s) affected." And further writes that covered areas should include "Focused regional examination" and "Neurologic, ophthalmologic, or other specific screening." The treating physician does not document what conservative therapies have been failed warranting a Pain evaluation other than physical therapy. The patient has been tried on Vicodin and acetaminophen but there is no evidence that the patient has tried and failed an anti-inflammatory medication (i.e. NSAIDs). Additionally, the treating physician does not indicate what questions are being asked of the pain consultant. As such, the request for Pain management evaluation right wrist is not medically necessary at this time.