

Case Number:	CM15-0013317		
Date Assigned:	01/30/2015	Date of Injury:	12/17/2013
Decision Date:	03/26/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/23/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 29 year old female, who sustained a work/ industrial injury on 12/17/13. She has reported symptoms of constant and throbbing pain in the right wrist and hand with numbness and tingling. Prior medical history was not documented. The diagnoses have included radial styloid tenosynovitis of the right wrist and tendinitis and/or bursitis of the right hand. MR I from 10/29/14 showed a small dorsal ganglion cyst , a joint effusion of the triquetrum-pisiform joint. Treatment to date has included work restrictions, analgesics, physical therapy, acupuncture, functional capacity evaluation, surgical, and orthopedic consultation. Examination of the wrists noted 3+ spasm and tenderness to the right anterior wrist and right thenar aminence. The bracelet test was positive on the right. The Finkelstein's test was also positive on the right. A request was made for psychosocial factors screening because symptoms were demonstrated beyond the anticipated time of healing. On 12/23/14, Utilization Review non-certified Psychosocial Factors Screening, One Evaluation, noting the California Medical treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychosocial Factors Screening, One Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127

Decision rationale: The patient was injured on 12/17/2013 and presents with right hand and wrist pain. The request is for PSYCHOSOCIAL FACTOR SCREENING, 1 EVALUATION. The utilization review denial rationale is that "medical records provided for this review fail to document clinical impression of psychological condition that impacts recovery, participation in rehabilitation, or prior to specified interventions. There is no RFA provided and on 12/08/2014, the patient was released to work with the following work restrictions until 02/08/2015: No lifting greater than 40 pounds, patient needs to take 5-minute breaks as needed. ACOEM Practice Guidelines Second Edition page 127 has the following: "Occupational health practitioner may refer to other specialist if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care would benefit from additional expertise."The 12/08/2014 report states, "Since the patient has shown problems beyond the anticipated time of healing, we are required by the chronic pain medical treatment guidelines to evaluate psychosocial barriers to recovery." Consult for a psychological factor is supported by ACOEM Guidelines and it appears as though the patient needs this evaluation. Given the patient's chronic right hand/wrist pain, the requested psychosocial evaluation IS medically necessary.