

Case Number:	CM15-0014175		
Date Assigned:	02/04/2015	Date of Injury:	05/06/2010
Decision Date:	03/26/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/26/2015

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck, mid back, hand, wrist, forearm, and elbow pain with ancillary complaints of depression, anxiety, and psychological stress reportedly associated with an industrial injury of May 6, 2010. In a Utilization Review Report dated December 31, 2014, the claims administrator denied request for follow-up office visit with a hand surgeon and with a medication management provider, despite noting that the applicant's primary treating provider (PTP) was a chiropractor. In a December 20, 2014 chiropractic progress note, the applicant reported ongoing complaints of hand and wrist pain. The applicant's primary treating provider (PTP) was, in fact, a chiropractor. The applicant exhibited positive provocative testing about the wrist, including positive Phalen maneuvers. Upper extremity paresthasias were evident. Ancillary complaints of depression and anxiety were also reported. The applicant was given a rather proscriptive 10-pound lifting limitation. It did not appear that the applicant was working. The applicant's primary treating provider suggested that the applicant consult a physician (MD) for medication management purposes and also obtain the added expertise of an orthopedic hand surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up office visit for medication and consultation, wrists and hands: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92 OCCUPATIONAL MEDICINE PRACTICE GUIDELINES.

Decision rationale: Yes, the proposed follow-up office visit for medication management purposes to the wrists and hands was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, referral may be appropriate if a practitioner is uncomfortable with treating a particular cause of delayed recovery. Here, the applicant's primary treating provider (PTP), a chiropractor, is ill equipped to address issues with medication management. Obtaining the added expertise of a physician (MD) for medication management purposes was/is, thus, indicated. Therefore, the request was medically necessary.

Follow-up office visit with hand specialist, bilateral hands: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): Cornerstones of Disability Prevention and Management 79.

Decision rationale: Similarly, the request for follow-up visit with a hand specialist was likewise medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are often warranted for monitoring purposes in order to provide structure and reassurance. Here, the applicant's primary treating provider, a chiropractor, seemingly suggested that the applicant was having heightened complaints and/or issues with upper extremity paresthesias, likely a function of carpal tunnel syndrome. Obtaining the added expertise of a hand surgeon/hand specialist was/is, thus, indicated to determine the applicant's suitability for surgical intervention involving the hands and/or wrists. Therefore, the request was medically necessary.