MAXIMUS Federal Services

Case Number:	CM15-0018941		
Date Assigned:	02/06/2015	Date of Injury:	10/22/2012
Decision Date:	03/31/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/02/2015

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 30 year old female patient, who sustained an industrial injury on 10/22/2012. A primary treating office visit dated 12/31/2014 reported request for authorization of services. Subjective complaints reported as experiencing stiffness, tenderness, weakness, spasming and numbness of the right hand and wrist. In addition , she complained of cervical pain associated with numbness, weakness and tingling in the upper bilateral extremities. This pain is described as aching, pulling and radiating. Radiography study performed 10/24/2014 revealed C5-6 2mm high signal central disc protrusion which effaces the ventral cerebrospinal fluid space, but does not contact the cervical cord. There is no associated canal stenosis or neural foraminal compromise noted. The patient is noted having undergone a physical therapy evaluation for the cervical spine and pending a hand surgeon consult. Physical examination found musculoskeletal with difficulty, limited exercise, and neck pain. She had swelling noted in the right hand. The patients' gait and station reveaed lmidposition without abnormalities. She is found with positive impingement test on the right, severe and rotator cuff supraspinatus strength rated a 4 out of 5, external rotation strength at 4 out of 5 and internal also at 4/5. The neck exam found pain to palpation over the C3-C4, C4-C5 and C5-C6 facet capsules, right secondary myofascial pain with triggering and ropey fibrotic banding bilateral. Sperling's manuever, right positive along with both foraminial compression and valsalva maneuvers. The impression described; status post fall onto outstrecthed hand, right; status post DeQuarvaine's tenosynovectomy 02/2013; status post radial neurolysis 02/2014; complaints of cervical spine pain, cervicogenic headaches, ulnar pain, shoulder pain associated with her internal trauma; likely injury of cervical spinal disc, facet

injury right, ulnar entrapment, median nerve entrapment, potential shoulder injury and epicondylitis. On 01/13/2015, a request was made for a specialist consultation and on 01/20/2015 Utilization Review non-certified the request, noting the CA MTUS, Chronic Pain Medical Treatment Guidelines and the ODG, Pain Medications were cited. The injured worker submitted an application for on dependent medical review of service requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation request: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 presents with bilateral wrist pain and upper extremity pain rated 7-8/10, and associated numbness, stiffness, tenderness, spasms to the bilateral upper extremities. The patient's date of injury is 10/22/12. Patient is status post DeQuervain's tenosynovectomy around Feb 2013, status post radial neurolysis around Feb 2014. The request is for EVALUATION REQUEST. The RFA is dated 01/07/15. Physical examination dated 12/31/14 reveals pain to palpation over the C3-C6 facet capsules primarily on the right side, positive fibrotic banding of the cervical spinal musculature, positive Spurling's maneuver right, positive maximal foraminal compression bilaterally, and pain with Valsalva's maneuver bilaterally. Swelling was noted in the right hand, along with positive impingement sign in the right shoulder. The patient's current medication regimen was not provided. Diagnostic imaging included wrist MRI performed 10/31/14, significant findings include: "Focal areas of increased signal within the capitate and lunate. These findings are seen as a result of overuse. Increased signal and irregularity involving the triangular fibrocartilage complex consistent with tear... There is borderline widening of the space between the lunate bone suggesting the presence of scapholunate dissociation." MRI of cervical spine dated 10/24/14 findings were non significant. Patient is currently working without restrictions. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examination and Consultations, page 127 states: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise."In regards to the request for what appears to be a consultation with a pain specialist, the request appears reasonable. Progress reports provided indicate that this patient has a significant clinical history of bilateral upper extremity pain unresolved by surgical interventions and pain medications. While the treater is unclear in the RFA what the consult is for, the associated progress note specifies a local pain specialist by name. ACOEM guidelines support consultation with a specialist when the course of care could benefit from additional expertise. Therefore, the request IS medically necessary.