MAXIMUS Federal Services

Case Number:	CM15-0115021		
Date Assigned:	06/23/2015	Date of Injury:	04/09/2013
Decision Date:	07/22/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/15/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 48 year old female, who sustained an industrial injury on 4/09/2013, as the result of cumulative trauma. She reported pain in her wrists and hands, associated with numbness, tingling, and swelling. The injured worker was diagnosed as having tendinitis, not otherwise specified, sprain of wrist, not otherwise specified, pain in limb, and de Quervain's. Treatment to date has included diagnostics, steroid injections, physical therapy, acupuncture, thumb spica, functional capacity evaluation, and medications. Currently (6/01/2015), the injured worker complains of residual pain. A recent Qualified Medical Examination was reviewed. It was documented that the injured worker remained symptomatic despite being off for two years. He indicated that she should continue conservative treatment. He indicated that the hives that she develops after injections should be investigated to see if there was in fact an allergic reaction. She refused injections, indicating that she had hives from previous injections. Her work status remained modified and she was not working. A progress report (3/17/2014) noted that she was previously provided with a cortisone injection, developed an allergic reaction, and was declining additional injections. A right lateral epicondyle injection was documented in 1/2014 and she reported welts on her body three days later. The treatment plan included updated neurodiagnostic studies of the upper extremities and consultation with an allergist and immunologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with allergist/immunologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Office visits.

Decision rationale: Consultation with allergist/immunologist is not medically necessary per the MTUS ACOEM and the ODG guidelines. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The ODG states that 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 documentation indicates that the patient has had an allergic reaction in the past to injections and was refusing additional injections. Additionally, the documentation indicates that the patient was certified to have electrodiagnostic testing for possible carpal tunnel syndrome. At this point there is no documentation that the patient was to undergo additional injections or other rationale for a consultation therefore this request is not medically necessary.